



HOST DEPARTMENT **APPLICATION PACKAGE**

Vancouver Island Emergency Response Academy (VIERA) would like to welcome career, composite, volunteer departments, and other industrial brigades to the NFPA 1001 Level I and II Fire Fighter Training Certificate Program.

This **Host Department Application Package** is your guide to enrolling your members.

STEP 1 – SIGN UP YOUR DEPARTMENT & YOUR FIRE FIGHTERS

1. Decide what you are applying for:

Fire Fighter Training Level I & II Certificate Topics grouped into 15 sets at \$100 each (\$35 for re-writes) + HazMat Awareness and HazMat Operations (offered by VIERA) are required for certification

Skills Maintenance Access

For members who are already certified but would like to maintain their skills with access to the online curriculum that supports the textbook resources.

2. Complete the **Department Information Form** [online version](#) or fill out pdf form on page 4 and email to viera@nanaimo.ca
3. Have each student complete an **Application and Consent Form** [online version](#) or have them fill out pdf on page 5 and email to viera@nanaimo.ca

All future students will complete this form. If a student can provide evidence that they have successfully completed any courses from another accredited institution, they will receive complete reciprocity.

STEP 2 – OBTAIN COURSE MATERIALS

1. Contact viera@nanaimo.ca to purchase **Required Resource** Fundamentals of Fire Fighter Skills & Hazmat Response, *Canadian 4th edition*

2. **Additional Resources**

Once your application is processed, your designated **Department Contact Person** will be emailed information to gain access to Moodle. Each registered person will also receive an email with login information specific to them.

Moodle is an on-line learning management system that provides access to the on-line course content, resources, learning tools and practice quizzes, and tracks evaluations.

Please note that only the designated contact person within your department will have Administrative Access within the Moodle page. The Administrative Access will give this person access to all the student grades within the Moodle grade book and the ability to alter the Moodle page to fit the needs of your department.

STEP 3 – DECIDE PROCTORS AND EVALUATORS

Departments may provide proctors and practical evaluators that are approved by VIERA, and may provide their own instructors.

1. **PROCTORS**

Potential proctors must review and complete the [VIERA Proctor Agreement](#). Approval will be granted once this form has been submitted and reviewed. A confirmation email will be sent to the Proctor after the review.

2. **EVALUATORS**

Any fire department individual wishing to evaluate candidates in the practical skills for the NFPA 1001 program must complete an online evaluator workshop conducted by VIERA.

Note: Under no circumstance can an evaluator evaluate a candidate whom they have instructed in preparation for the course being evaluated.

Potential evaluators must be provided with a copy of the *Evaluator Manual* found on the VIERA website at www.vierafire.ca

The potential evaluator must complete the **VIERA Evaluator Workshop**. This [Online Training Application Form](#) can be used to register staff.

Once the potential evaluator has completed the online Workshop they will be directed to complete the [VIERA Evaluator Agreement](#) and submit it with their resume. The potential evaluator will be notified of approval by email.

HazMat Operations must be evaluated by an experienced HazMat evaluator approved by VIERA. Fire Suppression courses (Live Fire) must be evaluated by an approved NFPA 1403 evaluator.

STEP 4 – REQUEST **WRITTEN EVALUATIONS** & SEND PRACTICAL EVALUATIONS

When you are ready to request written evaluations for the courses, use the **Grouped Course Registration Form** [online version](#) or email the pdf on page 6 to viera@nanaimo.ca. You will receive an email confirming your request. Students must be registered in the courses in order to be evaluated.

- ✓ Check the written evaluations you are requesting
- ✓ Enter the number of students to be evaluated
- ✓ Write the student's names at the bottom
- ✓ Note all written exams received by approved VIERA proctors must be returned to VIERA within 14 business days of being received, or they will be considered expired and void
- ✓ Copies of the relevant student **Practical Skill Check Sheets** (JPR's) must be received digitally by VIERA before the evaluation is considered complete
- ✓ Once registration for a set has been completed, tuition fees for that set are non-refundable

Pending any unforeseen circumstances, grades will be posted to student Moodle pages within 30 days once evaluations and outstanding required information have been received by VIERA.



Department Information Form Fire Fighter Training Certificate Programs

Department Name: _____ Phone: _____

Address: _____

_____ Fax: _____

DEPARTMENT CONTACT

Please note – this contact will be the only person in the Department authorized to have administrative access to all student information and status within the program’s online page. Further this will be the individual with whom the certificate program’s administrative staff will connect for information, questions and concerns related to the certificate program as it relates to your department’s members.

Name: _____ Position: _____

Email: _____ Phone: _____

I declare that I will maintain confidentiality of all student information. In addition, I confirm that, as the “authority having jurisdiction”, my department maintains responsibility for the health and safety of all members participating in a certificate program.

x _____
Department Contact Signature

Date

PROGRAM REQUESTED

Check all the programs that your members will be using:

- Fire Fighter Training Level I & II Certificate (NFPA 1001-30)
- Skills Maintenance Access



Application & Consent Form Fire Fighter Training Certificate Programs

Check One: _____ (To be completed by student – Please print legibly)

- Fire Fighter Training Level I & II Certificate (NFPA 1001-30)
- Skills Maintenance Access

Personal Information

First Name: _____ Middle Name: _____

Last Name: _____ Email: _____

Home Address: _____

Phone #: _____ Date of Birth: _____

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### Consent to Release Information to Pro Board

I hereby consent to allowing Vancouver Island Emergency Response Academy to release the information on this form and course completion information to the National Board on Fire Service Professional Qualifications – Pro Board for the purpose of being registered with the Pro Board Certification Registry upon completion of the above program:

**Last 4 digits only** of your Social Insurance Number: \_\_\_\_\_

\_\_\_\_\_  
(Last 4 digits only)

x \_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

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Consent to Release Information to Employer

I hereby consent to allowing Vancouver Island Emergency Response Academy to release to the Departmental Contact listed all personal information, test results, Certificate of Program Completion and verification of attendance in connection with this program.

Employer's Name: _____

Employer Contact: _____

Employer's Address: _____

(Street)

(City)

(Province and Postal Code)

x _____
Signature:

Date:

It is the student's responsibility to ensure Vancouver Island Emergency Response Academy is kept up-to-date on any changes to their contact info.

"Freedom of Information and Protection of Privacy Act (FOIPPA) Information collected on this form is done so under the general authority of the Community Charter and FOIPPA, and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. Questions about the collection of your personal information may be referred to the City of Nanaimo Legislative Services Department at (250) 755-4405, or via email at foi@nanaimo.ca."



Grouped Course Registration Form Fire Fighter Training Level 1 & 2

Department: _____

Department Contact: _____

Based on the Canadian Jones & Bartlett manual 4th edition

<input checked="" type="checkbox"/>	Exam #	Exterior Operations	<input checked="" type="checkbox"/>	Exam #	Interior Operations
<input type="checkbox"/>	1	The Fire Service, Fire Service Communications	<input type="checkbox"/>	9	Search and Rescue, Fire Fighter Survival
<input type="checkbox"/>	2	Fire Fighter Health & Safety, Personal Protective Equipment	<input type="checkbox"/>	10	FF Tools and Equipment, Forcible Entry
<input type="checkbox"/>	3	Water Supply; Fire Hose, Appliances & Nozzles	<input type="checkbox"/>	11	Salvage and Overhaul, Fire Origin & Cause
<input type="checkbox"/>	4	Supply Line & Attack Evolutions	<input type="checkbox"/>	12	Vehicle Rescue and Extrication, Assisting Special Rescue Teams
<input type="checkbox"/>	5	Ropes and Knots, Ladders	<input type="checkbox"/>	13	Advanced Fire Suppression
<input type="checkbox"/>	6	Fire Behaviour, Building Construction	<input checked="" type="checkbox"/>	Exam #	Full Service Operations
<input type="checkbox"/>	7	Ventilation; Establishing & Transferring Command	<input type="checkbox"/>	14	Fire & Life Safety Initiatives
<input type="checkbox"/>	8	Fire Suppression; Wildland & Ground Cover Fires	<input type="checkbox"/>	15	Portable Fire Extinguishers, Fire Detection, Suppression, & Smoke Control Systems

PAYMENT INFORMATION (Check one)

Payments enclosed. Attach cheque/credit card information for each student.

Authorization to invoice Department

I hereby authorize VIERA to invoice the Department for tuition as indicated on this form, totalling \$_____.

Authorized Signature: _____

Position: _____

Date: _____

PAYMENT CALCULATION, TUITION FEES

COURSES FOR CERTIFICATION

$$\$100 \times \frac{\text{_____}}{\text{\# of students}} \times \frac{\text{_____}}{\text{\# of courses}} = \text{_____}$$

RE-WRITE EXAMS

$$\$35 \times \frac{\text{_____}}{\text{\# of students}} \times \frac{\text{_____}}{\text{\# of courses}} = \text{_____}$$

SKILLS MAINTENANCE ACCESS

$$\$100 \times \frac{\text{_____}}{\text{\# of students}} = \text{_____}$$

TOTAL PAYMENT = _____

STUDENTS TO BE REGISTERED

List the department members to be registered in these courses (use the back of the page if you need additional space).

Please ensure that all the students listed have submitted a Registration and Consent Form.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____