

South Carolina Fire Academy

Application for Reciprocity or Equivalency

SSN: _____ Date of Birth: _____ **Required for IFSAC reporting**

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Fire Department Name: _____ FDID# _____

Attach verification on department letterhead with chief's signature

Equivalency and reciprocity services are available to current, active members of South Carolina fire departments.

Are you requesting reciprocity for an IFSAC or NPQS certification level achieved through another state, county, or federal agency? Yes ___ No ___

If yes, provide name of state, county or agency and copy of IFSAC or NPQS Certificate. _____

List level(s) of training you seek reciprocity for: _____

PLEASE NOTE: A \$5.00 per certificate administrative fee will be charged for the processing of NPQS certificates. Check or Money Order Only: Make payable to South Carolina Fire Academy. There is no fee for equivalency review or for processing of IFSAC certificates.

If no, and you are requesting equivalency for a course in a certain area of training that you have completed in another state, you must provide an outline of the training and/or a statement from the issuing institution that documents the NFPA Standards met in your course. For example, if you are requesting equivalency for Fire Fighter I (non-ISFAC/NPQS) from another state, your letter must state that the training objectives met the requirements of NFPA 1001 and you were evaluated both from a written and practical skill level. Additional information may be required following submission of this form.

We do not typically offer equivalency for individual training courses. It is the policy of the South Carolina Fire Academy to consider equivalency for certifications to occupational levels according to national standards. List levels below that you are requesting equivalency for:

I certify that the above information is correct to the best of my knowledge, and I understand that an incomplete application or one submitted without required documentation or necessary fees may be returned unprocessed.

Signature: _____ date: _____

Return this form with required documentation and fees to:

South Carolina Fire Academy

141 Monticello Trail

Columbia, S.C. 29203

ATTN: Certification & Accreditation Supervisor

(803) 896-9881

(803) 896-9856 (fax)

OFFICIAL USE ONLY

Received by: _____ Date: _____