



# RECIPROCITY REQUEST FORM

## 655 IAC 1-1-9 Reciprocity for Equivalent Training

This packet is to be completed by the applicant and submitted to the Indiana Fire and Public Safety Academy at [firefighterboard@dhs.in.gov](mailto:firefighterboard@dhs.in.gov). Candidates requesting reciprocity for equivalent fire training shall provide proof that the equivalent training, evaluation and cognitive testing occurred. Experience is not a permitted contributing factor.

Falsification or misrepresentation of any submitted documents shall be an automatic revocation/denial of this request by the Academy.

### Student Name

Applicant Printed Name (Last, First, MI):		
Date of Birth (MM/DD/YYYY)	PSID Number (xxxx-xxxx)	Last Four Digits of SSN

### Certification Requested

Only one certification can be requested per form
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### Required Attachments

Carefully read instructions for all sections. Your application may be denied if information is incomplete.

Certification Documents				
<i>This section applies to all applicants.</i>				
1	Yes <input type="checkbox"/>	No <input type="checkbox"/>		The certification issued by the original organization/entity is included with this application.
1a	Yes <input type="checkbox"/>	No <input type="checkbox"/>		I possess all prerequisite course certification(s) for the above certification I am requesting.
2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, proceed to sections 3 and 4. If yes, skip to Section 5.	I possess an equivalent IFSAC or Pro Board certification (included).

<b>Skills Sheets and Syllabus Documents</b>				
<i>Sections 3 and 4 only apply to applicants who do not already have an IFSAC or Pro Board certification.</i>				
3	Yes <input type="checkbox"/>	No <input type="checkbox"/>		I have included the course syllabus and <u>signed</u> skills sheets from the original course.
3a	Yes <input type="checkbox"/>	No <input type="checkbox"/>		The skills sheets are signed and dated by the original evaluator.
3b	Yes <input type="checkbox"/>	No <input type="checkbox"/>		I attest that the skills sheets were signed at the time the evaluation was observed during the original course.
3c	Yes <input type="checkbox"/>	No <input type="checkbox"/>		The skills sheets described in #3 are itemized by specific JPRs equivalent to Indiana Fire and Public Safety Academy standards.
3d	Yes <input type="checkbox"/>	No <input type="checkbox"/>		I attest that I was evaluated individually on all skills listed in the attached skills sheet and not in a group as a collective evaluation.
<b>Testing</b>				
4	Yes <input type="checkbox"/>	No <input type="checkbox"/>		I attest that the course included a cognitive written test that was administered by a proctor and test answers were not provided to me.
<b>Instructor Documentation</b>				
<i>This section only applies to an applicant requesting an Instructor I certification from an educational entity or EMS Primary Instructor. Applicants will be required to complete the Indiana 655 IAC Board Rules test. The Fire and Public Safety Academy will provide instructions.</i>				
5	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Copy of active teacher license is included (if applying for Instructor I from an educational entity).
6	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Copy of active EMS Primary Instructor certification is included.
<b>Document Acknowledgement</b>				
<i>This section applies to all applicants.</i>				
7	Yes <input type="checkbox"/>	No <input type="checkbox"/>		I acknowledge all additional documentation is included with this application.

### Certifying Body Contact Information

*Provide contact information for the organization that issued the certification included with this application.*

Organization Name	Phone Number	Email Address

## Payment

There is a non-refundable fee of \$50. You may pay by credit card (please put credit card information below) or by personal check. If paying by check, make the check out to "Indiana Department of Homeland Security" (IDHS) and mail it to:

Indiana Fire and Public Safety Academy, 302 W. Washington St., Room E208, Indianapolis, IN 46204

The application will not be processed until the check has been received and deposited.

### Credit Card Payment Information

Accepted cards: Visa, MasterCard, American Express, Discover. Processing fee (2.25%) will be added.

Name on Card			
Billing Address	City	State	ZIP Code
Phone Number	Email Address		
Credit Card Number	CVV (3 digits on back of card)	Expiration Date	

## Signature

By placing my signature below, I attest, under penalty of perjury, each statement on this form is true and correct to the best of my knowledge at the time and date of submission of request. Failure to provide any of the above documents will result in automatic denial of this application.

Student's Name	Student's PSID Number
Student's Signature	

## Fire and Public Safety Academy Recommendations

Approved  Pending  Denied

### Explanation If Pending

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### Explanation If Denied

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Director's Signature	Date
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## PSID Request

If you need a PSID number, please go to <https://www.in.gov/dhs/fire-and-building-safety/public-safety-identification-psid-information>.

## Informal Review

To request an informal review of your order by the department, complete the informal review form located at <https://www.in.gov/dhs/administrative-review/informal-review>. Following receipt of this form, the department will review your request and may modify or reverse the report and will attempt to respond to your request within five business days; however, a request for an informal review does not extend the deadline for filing a petition for administrative review which must be filed to initiate formal administrative proceedings under IC 4-21.5.

## Administrative Review

If you desire administrative review of this order by the Board of Firefighting Personnel Standards and Education, you must comply with the requirements of IC 4-21.5-3-7 and file a written petition for review within 15 days after receiving this order. Your petition for review must state facts demonstrating that you are: (1) a person whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You must submit your petition by one of these methods:

### *U.S. Mail or Personal Service:*

Indiana Department of Homeland Security  
ATTN: Board of Firefighting Personnel Standards and Education  
1610 Reeves Rd, Room 135  
Plainfield, IN 46168

### *Online:*

Complete the petition for review form at <https://www.in.gov/dhs/administrative-review/petition-for-review>. If your petition qualifies for review, it will be assigned to an administrative law judge who will initiate proceedings under IC 4-21.5. For more information, go to <https://www.in.gov/dhs/administrative-review>.