

Firefighter Certification Program of New Brunswick (FCPNB)

Office of the Fire Marshal
Department of Justice and Public Safety
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EVALUATOR AND/OR PROCTOR APPLICATION

Your Role(s): **Evaluator** **Proctor**

Surname	First Name	Middle Name
Address		
City/Town	Province	Postal Code
Birth Date (mm/dd/yyyy)	Email	Phone Number (incl. area code)

Evaluator Declaration:

As an applicant to become an Evaluator for the FCPNB, please read and agree to the following:

- I have successfully completed and received IFSAC and/or ProBoard certification for NFPA 1041 Level 1 (Instructor) and have attached copies of my certificates as proof of completion (with seal number clearly visible)
- I have successfully completed the NFPA level for the practical skills that I will be evaluating, and I will provide copies of my certificate(s) IFSAC and/or ProBoard as proof of completion (with seal number clearly visible)
- I will NOT submit to evaluate any NFPA levels for which I am not qualified
- I will NOT be involved with the instruction of the NFPA level(s) I will be evaluating
- I will NOT evaluate any person to whom I am related

Please attach your resume and certificates with seal number(s) clearly visible

By signing below, I confirm the above information is accurate and I have read and agreed to the above statements:

Signature: _____ Date: _____

Proctor Declaration:

As an applicant to become a Proctor for the FCPNB, please read and agree to the following:

- I am a member in good standing within my community
- I will NOT be involved with the instruction of the NFPA level for the examination that I am proctoring
- I will NOT proctor an exam for any person to whom I am related

By signing below, I confirm the above information is accurate and I have read and agreed to the above statements:

Signature: _____ Date: _____

OFFICE USE ONLY:

Reviewed By:	Date:	Approved By:	Date:
Applicant has completed a Board Proctor/Evaluator training? <input type="radio"/> Yes <input type="radio"/> No	Date:	Person who provided training:	