



**New Hampshire Department of Safety
Division of Fire Standards and Training & Emergency Medical Services**

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On My Time Firefighter I Skills Verification

Student Name

NELP / EMS License Number (Required, this can be found under the student's profile at www.respondnh.org)

Please initial each course in which student has successfully completed all the standard evolutions skills.

- _____ Health and Wellness Skills
- _____ PPE & SCBA Skills
- _____ Fire Behavior Skills
- _____ Building Construction and Utilities Skills
- _____ Communications Skills
- _____ Portable Extinguisher Skills
- _____ Tools and Equipment Skills
- _____ Ropes and Knots Skills
- _____ Air Monitoring Skills
- _____ Search and Rescue Skills
- _____ Forcible Entry Skills
- _____ Firefighter Survival Skills
- _____ Ladders Skills
- _____ Ventilation Skills
- _____ Salvage and Overhaul Skills
- _____ Water Supply Skills
- _____ Fire Attack and Hose Skills
- _____ Forestry Skills
- _____ Fire Suppression Skills

By initialing above and signing below, I, as a State Fire Instructor, attest the above student has successfully completed all skills listed in the standard evolutions to a satisfactory level.

Signature

Date

Name (Please print)

State Fire Instructor Number (Required, this can be found under the instructor's certifications at www.respondnh.org)

Completed Skills Verification forms should be submitted to fstems@dos.nh.gov