

EVALUATOR CRITERIA



LEAD EVALUATOR CRITERIA

All evaluators for any certification level must be approved by the Division of Fire Safety Training Unit prior to serving as an evaluator.

To serve as a Lead Evaluator for a certification examination, individuals must meet the following criteria:

1. Serves as an instructor for an approved agency; however, cannot have served as an instructor for class to be tested.
2. Be certified by the Division of Fire Safety as a Fire Service Instructor II.
3. Be certified by the Division of Fire Safety at the level he or she is evaluating.
For example, in order to evaluate Fire Fighter II, evaluator certification must be at the Fire Fighter II level.
4. Has attended a Certification Evaluator Seminar.
5. Agrees to abide by all of the rules and conditions stipulated by the Division of Fire Safety.
6. Agrees to and signs an "Evaluator Code of Ethics" for each exam administered.

Written certification exams will be administered by Division of Fire Safety employees as assigned and approved by the Deputy Chief of Training and Certification.

ASSISTING EVALUATOR CRITERIA

Assisting evaluators are chosen through a mutual agreement between the Lead Evaluator and the Division of Fire Safety. Assisting evaluators are predominately used to assist with practical skills testing.

To serve as an Assisting Evaluator for a certification examination, individuals must meet the following criteria:

1. Serves as an instructor for an approved agency; however, cannot have served as an instructor for class to be tested.
2. Be certified by the Division of Fire Safety as a Fire Service Instructor I.
3. Be certified by the Division of Fire Safety at the level he or she is evaluating.
4. Has attended a Certification Evaluator Seminar.
5. Agrees to abide by all of the rules and conditions stipulated by the Division of Fire Safety.
6. Agrees to and signs an "Evaluator Code of Ethics" for each exam administered.



CERTIFICATION EVALUATOR APPLICATION

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security No.: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: *(Day)* _____ *(Evening)* _____

Email Address: _____

Fire Department/Agency: _____ FDID: _____

Business address: _____

City: _____ State: _____ Zip: _____ County: _____

I have successfully completed the following approved training and hold certifications in:

- | | |
|--|---|
| <input type="checkbox"/> Fire Fighter I (1992, 1997 or 2002 Standard) | <input type="checkbox"/> Hazardous Materials Awareness |
| <input type="checkbox"/> Fire Fighter II (1992, 1997 or 2002 Standard) | <input type="checkbox"/> Hazardous Materials Operational |
| <input type="checkbox"/> Fire Officer I | <input type="checkbox"/> Fire Officer II |
| <input type="checkbox"/> Driver/Operator | <input type="checkbox"/> Fire Inspector |
| <input type="checkbox"/> Fire Service Instructor I | <input type="checkbox"/> Fire Service Instructor II or higher level |

Certification Evaluator Seminar location: _____ Date: _____

Instructor for an Approved Agency: _____
(Name of Agency)

As a Certification Test Evaluator, I agree to abide by all of the rules and conditions stipulated by the Missouri Division of Fire Safety in conducting training, certification testing, controlling examinations, maintaining records, and submitting reports. I further agree not to reproduce or release any testing materials or divulge the contents of the testing banks to anyone other than during an approved test. I understand that to do so would violate my certification agreement with the Division of Fire Safety and thereby cause the revocation of certifications I hold with the Division of Fire Safety.

(Signature of Applicant)

(Date)

DIVISION OF FIRE SAFETY USE ONLY	Fire Service Instructor II or higher	Date	Initial
	Certification Evaluator Seminar		
	Approved as Evaluator		