



CERTIFICATION PROGRAM

Certified Wildfire Mitigation Specialist (CWMS)

Practicum Activities

This Certified Wildfire Mitigation Specialist (CWMS) practicum activities workbook contains important information for completing the practicum phase of the certification program. Please carefully review this workbook and retain it for future reference.



CWMS PRACTICUM PHASE



The practicum is at the core of certification programs that seek to recognize competence. The practicum is designed to ensure that candidates are able to demonstrate competency in the field prior to becoming certified. A competency-based certification program without a practicum holds little weight with regard to determining whether or not a candidate should be deemed capable of executing their duties correctly.

This practicum helps demonstrate that candidates are able to identify risks for home ignition when exposed to a wildfire, and are able to develop mitigation recommendations for homeowners or occupants prior to a wildfire emergency. It not only ensures that you have the relevant job experience, but also provides additional learning opportunities for any deficiency.

Practicum Requirements:

Candidates are required to complete four (4) home ignition zone assessments. Candidates may use the *Home Ignition Zone Assessment Form* which is included in this handbook, or any comparable assessment form if approved by their jurisdiction. Supporting documentation, such as field notes and photographs of the property being assessed, must be included with the assessment forms. Candidates must also include a completed and signed verification form for each home ignition zone assessment form. This form is used to verify that the required home ignition zone assessment has been completed and that it represents the professional work of the candidate.

Submittal:

1. Perform the required four home ignition zone assessments, filling out the home ignition zone assessment form included in this handbook, or a comparable assessment form approved by your jurisdiction. Include all notes, supporting images, and mitigation recommendations with your assessment forms.
2. Secure a completed and signed verification form for each of the four home ignition zone assessments. Each verification form must refer back to a specific home ignition zone assessment form. The verification forms may be signed by a fire chief, fire marshal, chief building official, supervisor, academic advisor, or property owner with adequate knowledge of the candidate's activities to the verify work is/was solely that of the candidate.
3. Submit the required home ignition zone assessments and verification forms to the CWMS program administrator. They should be scanned and emailed to adminsvecs@nfpa.org, or mailed to NFPA Admin. & Support Services at 11 Tracy Drive, Avon, MA 02322.

The submitted forms are audited in order to verify that the candidate performed the required home ignition zone assessments. Once the audit of the forms is complete, and all certification program requirements are met, you will then receive your certification by mail from NFPA.

The home ignition zone assessment form and verification form are available on the following pages of this handbook and also online at www.nfpa.org/cwms.

HOME IGNITION ZONE ASSESSMENT FORM

Date of assessment: _____ Assessor: _____

Property address: _____ Property owner: _____

1. OVERVIEW OF SURROUNDINGS (Include supporting images)

Possible considerations: structure position in relation to severe fire behavior and type of construction

Items Assessed:

Mitigation Recommendations:

2. CHIMNEY TO EAVES (Include supporting images)

Possible considerations: the roof, and gutters

Items Assessed:

Mitigation Recommendations:

3. TOP OF THE EXTERIOR WALL TO FOUNDATION (Include supporting images)

Possible considerations: attic; eaves; soffit vents; crawl spaces; windows; decks; fences; flammable and combustible materials stored on, under, or near structure; nooks and other small spaces

Items Assessed:

Mitigation Recommendations:

HOME IGNITION ZONE ASSESSMENT FORM (continued)

4. IMMEDIATE ZONE 0-5 feet from structure (Include supporting images)

Possible considerations: landscaped vegetation – hardscape materials, plant selection, propane tanks, vehicles, lawnmowers

Items Assessed:

Mitigation Recommendations:

5. INTERMEDIATE ZONE 5 – 30 feet (Include supporting images)

Possible considerations: ladder fuels and crown separations, lawns mowed and watered

Items Assessed:

Mitigation Recommendations:

6. EXTENDED ZONE 30 – 100 feet (Include supporting images)

Possible considerations: ladder fuels and crown separations, accumulation of litter/debris and dead plant and tree material,

Items Assessed:

Mitigation Recommendations:

HOME IGNITION ZONE ASSESSMENT FORM

Date of assessment: _____ Assessor: _____

Property address: _____ Property owner: _____

1. OVERVIEW OF SURROUNDINGS (Include supporting images)

Possible considerations: structure position in relation to severe fire behavior and type of construction

Items Assessed:

Mitigation Recommendations:

2. CHIMNEY TO EAVES (Include supporting images)

Possible considerations: the roof, and gutters

Items Assessed:

Mitigation Recommendations:

3. TOP OF THE EXTERIOR WALL TO FOUNDATION (Include supporting images)

Possible considerations: attic; eaves; soffit vents; crawl spaces; windows; decks; fences; flammable and combustible materials stored on, under, or near structure; nooks and other small spaces

Items Assessed:

Mitigation Recommendations:

HOME IGNITION ZONE ASSESSMENT FORM (continued)

4. IMMEDIATE ZONE 0-5 feet from structure (Include supporting images) <i>Possible considerations: landscaped vegetation – hardscape materials, plant selection, propane tanks, vehicles, lawnmowers</i>	
<i>Items Assessed:</i>	<i>Mitigation Recommendations:</i>
5. INTERMEDIATE ZONE 5 – 30 feet (Include supporting images) <i>Possible considerations: ladder fuels and crown separations, lawns mowed and watered</i>	
<i>Items Assessed:</i>	<i>Mitigation Recommendations:</i>
6. EXTENDED ZONE 30 – 100 feet (Include supporting images) <i>Possible considerations: ladder fuels and crown separations, accumulation of litter/debris and dead plant and tree material,</i>	
<i>Items Assessed:</i>	<i>Mitigation Recommendations:</i>

HOME IGNITION ZONE ASSESSMENT FORM

Date of assessment: _____ Assessor: _____

Property address: _____ Property owner: _____

1. OVERVIEW OF SURROUNDINGS (Include supporting images)

Possible considerations: structure position in relation to severe fire behavior and type of construction

Items Assessed:

Mitigation Recommendations:

2. CHIMNEY TO EAVES (Include supporting images)

Possible considerations: the roof, and gutters

Items Assessed:

Mitigation Recommendations:

3. TOP OF THE EXTERIOR WALL TO FOUNDATION (Include supporting images)

Possible considerations: attic; eaves; soffit vents; crawl spaces; windows; decks; fences; flammable and combustible materials stored on, under, or near structure; nooks and other small spaces

Items Assessed:

Mitigation Recommendations:

HOME IGNITION ZONE ASSESSMENT FORM (continued)

4. IMMEDIATE ZONE 0-5 feet from structure (Include supporting images) <i>Possible considerations: landscaped vegetation – hardscape materials, plant selection, propane tanks, vehicles, lawnmowers</i>	
<i>Items Assessed:</i>	<i>Mitigation Recommendations:</i>
5. INTERMEDIATE ZONE 5 – 30 feet (Include supporting images) <i>Possible considerations: ladder fuels and crown separations, lawns mowed and watered</i>	
<i>Items Assessed:</i>	<i>Mitigation Recommendations:</i>
6. EXTENDED ZONE 30 – 100 feet (Include supporting images) <i>Possible considerations: ladder fuels and crown separations, accumulation of litter/debris and dead plant and tree material,</i>	
<i>Items Assessed:</i>	<i>Mitigation Recommendations:</i>

HOME IGNITION ZONE ASSESSMENT FORM

Date of assessment: _____ Assessor: _____

Property address: _____ Property owner: _____

1. OVERVIEW OF SURROUNDINGS (Include supporting images)

Possible considerations: structure position in relation to severe fire behavior and type of construction

Items Assessed:

Mitigation Recommendations:

2. CHIMNEY TO EAVES (Include supporting images)

Possible considerations: the roof, and gutters

Items Assessed:

Mitigation Recommendations:

3. TOP OF THE EXTERIOR WALL TO FOUNDATION (Include supporting images)

Possible considerations: attic; eaves; soffit vents; crawl spaces; windows; decks; fences; flammable and combustible materials stored on, under, or near structure; nooks and other small spaces

Items Assessed:

Mitigation Recommendations:

HOME IGNITION ZONE ASSESSMENT FORM (continued)

4. IMMEDIATE ZONE 0-5 feet from structure (Include supporting images) <i>Possible considerations: landscaped vegetation – hardscape materials, plant selection, propane tanks, vehicles, lawnmowers</i>	
<i>Items Assessed:</i>	<i>Mitigation Recommendations:</i>
5. INTERMEDIATE ZONE 5 – 30 feet (Include supporting images) <i>Possible considerations: ladder fuels and crown separations, lawns mowed and watered</i>	
<i>Items Assessed:</i>	<i>Mitigation Recommendations:</i>
6. EXTENDED ZONE 30 – 100 feet (Include supporting images) <i>Possible considerations: ladder fuels and crown separations, accumulation of litter/debris and dead plant and tree material,</i>	
<i>Items Assessed:</i>	<i>Mitigation Recommendations:</i>

CWMS Practicum Phase Verification Form



NFA Certified Wildfire Mitigation Specialist Program

Applicant Name: _____

Date of Assessment: _____ Property address: _____

The National Fire Protection Association administers the NFA Certified Wildfire Mitigation Specialist program. As part of this program, applicants are required to complete practical exercises. The above named applicant must provide verification that four home assessments were conducted as part of the certification program requirements.

You are not asked to verify the accuracy, quality, or comprehensiveness of the report or the underlying home assessment, nor will this be taken as any verification that you have read the report, as this is only an exercise for a certification program. By signing below, you are only providing the requisite verification that the above named applicant conducted a home assessment for the identified property and that the work performed was solely that of the candidate.

Name (print): _____

Relationship to applicant: _____

Agency: _____

Address: _____

City: _____ State/Prov: _____ Zip/Country Code: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Copy as needed and submit with each corresponding home ignition zone assessment

CWMS Practicum Phase Verification Form



NFA Certified Wildfire Mitigation Specialist Program

Applicant Name: _____

Date of Assessment: _____ Property address: _____

The National Fire Protection Association administers the NFA Certified Wildfire Mitigation Specialist program. As part of this program, applicants are required to complete practical exercises. The above named applicant must provide verification that four home assessments were conducted as part of the certification program requirements.

You are not asked to verify the accuracy, quality, or comprehensiveness of the report or the underlying home assessment, nor will this be taken as any verification that you have read the report, as this is only an exercise for a certification program. By signing below, you are only providing the requisite verification that the above named applicant conducted a home assessment for the identified property and that the work performed was solely that of the candidate.

Name (print): _____

Relationship to applicant: _____

Agency: _____

Address: _____

City: _____ State/Prov: _____ Zip/Country Code: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Copy as needed and submit with each corresponding home ignition zone assessment

CWMS Practicum Phase Verification Form



NFA Certified Wildfire Mitigation Specialist Program

Applicant Name: _____

Date of Assessment: _____ Property address: _____

The National Fire Protection Association administers the NFA Certified Wildfire Mitigation Specialist program. As part of this program, applicants are required to complete practical exercises. The above named applicant must provide verification that four home assessments were conducted as part of the certification program requirements.

You are not asked to verify the accuracy, quality, or comprehensiveness of the report or the underlying home assessment, nor will this be taken as any verification that you have read the report, as this is only an exercise for a certification program. By signing below, you are only providing the requisite verification that the above named applicant conducted a home assessment for the identified property and that the work performed was solely that of the candidate.

Name (print): _____

Relationship to applicant: _____

Agency: _____

Address: _____

City: _____ State/Prov: _____ Zip/Country Code: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Copy as needed and submit with each corresponding home ignition zone assessment

CWMS Practicum Phase Verification Form



NFA Certified Wildfire Mitigation Specialist Program

Applicant Name: _____

Date of Assessment: _____ Property address: _____

The National Fire Protection Association administers the NFA Certified Wildfire Mitigation Specialist program. As part of this program, applicants are required to complete practical exercises. The above named applicant must provide verification that four home assessments were conducted as part of the certification program requirements.

You are not asked to verify the accuracy, quality, or comprehensiveness of the report or the underlying home assessment, nor will this be taken as any verification that you have read the report, as this is only an exercise for a certification program. By signing below, you are only providing the requisite verification that the above named applicant conducted a home assessment for the identified property and that the work performed was solely that of the candidate.

Name (print): _____

Relationship to applicant: _____

Agency: _____

Address: _____

City: _____ State/Prov: _____ Zip/Country Code: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Copy as needed and submit with each corresponding home ignition zone assessment

CERTIFIED WILDFIRE MITIGATION SPECIALIST (CWMS)



Certified Wildfire Mitigation Specialist (CWMS) Certification Program

NFPA Admin. & Support Services
11 Tracy Drive
Avon, MA 02322

Email: adminsvcs@nfpa.org

www.nfpa.org/cwms