

Firefighter Candidate Assessment Website Scheduling Guide

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Registration Overview

The City of Los Angeles Firefighter Candidate Assessment registration website is designed to provide candidates the opportunity to complete their registration process, log-in to their own account, pay for the Firefighter Candidate Assessment (FCA) exam, request an accommodation, and schedule for an exam. The following steps will walk you through the online registration process.

Website: https://tara.vitapowered.com/LAFD/FCA

The Home page of the website, as shown below in **Figure 1**, provides the candidate the ability to create a new account or log into an existing account and register for the Exam.

IMPORTANT** YOU M	NUST USE YOUR EMAIL ADDRESS AS YOUR USERNAME. THE EMAIL ADDRESS YOU USE MUST BE THE SAME AS THE EMAIL ADDRESS USED TO SUBMIT YOUR ILURE TO DO SO MAY IMPACT YOUR RESULTS. YOU WILL ENTER YOUR EMAIL IN BOTH THE USERNAME AND EMAIL FIELDS.
you have difficulty regis	istering or accessing your account, please contact <u>colaops@psionline.com</u> .
First time test taken below for returning te	s: If you have never taken the FCA, please use this form to register by entering your email address as your username. If you see a message that your Username already exists est takers.
ave an Account?	rs: It you have previously completed the FCA, click the Login link below and login with your Email Address as your Username and click the Forgot Password Link. Login
Register	
If this is your first time wit	ith us, please register below.
* Required fields	
*First Name	
*Last Name	
*Email	
*Username	
*Password ()	
*Confirm Password	
*Last 4 digits of SSN	
*Confirm Last 4	



Create an Account:

New Test Takers

1. If you <u>have never taken</u> the FCA previously, you must register as a new test taker.

****IMPORTANT****

You MUST use your email address as your Username. The email address you use must be the SAME as the email address used to submit your City Application. Failure to do so may impact your results.

Note that you will enter in your email address in both the **Username** and the **Email** field. **Figure 2** shown below highlights this section.

Figure 2

Register If this is your first time with us, please register below. * Required fields			
*First Name			
*Last Name			
*Email	email@test.com		
*Username	email@test.com		
*Password 🚯			
*Confirm Password			
*Last 4 digits of SSN			
*Confirm Last 4 digits of SSN			
	G Continue		

Registration Fields

All fields with an * are mandatory and must be filled out

- First Name
- Last Name
- Email
- Username
- Password
- Confirm Password
- Last 4 digits of SSN
- Confirm Last 4 digits of SSN
- 2. Once you click on **Continue**, you will be asked to complete demographic questions. See Candidate Demographic Section.



3. If you see an error message saying that your **Username** already exists, proceed to the next section as you will need to login as a returning test taker.

Login to Existing Account: Returning Test Takers

 If you have previously taken the FCA in 2016, 2018, 2020, or 2022, you must click on the Login link (Figure 3) on the registration page.

Figure 3

elcome to the PSI portal to register for the FIREFIGHTER CANDIDATE ASSESSMENT (FCA)		
IMPORTANT YOU MUST USE YOUR EMAIL ADDRESS AS YOUR USERNAME. THE EMAIL ADDRESS YOU USE MUST BE THE SAME AS THE EMAIL ADDRESS USED TO SUBMIT YOUR CITY APPLICATION. FAILURE TO DO SO MAY IMPACT YOUR RESULTS. YOU WILL ENTER YOUR EMAIL IN BOTH THE USERNAME AND EMAIL FIELDS.		
If you have difficulty registering or accessing your account, please contact <u>colaops@psionline.com</u> .		
 First time test takers: If you have never taken the FCA, please use this form to register by entering your email address as your username. If you see a message that your Username already exists, see below for returning test takers. Returning test takers: If you have previously completed the FCA, click the Login link below and login with your Email Address as your Username and click the Forgot Password Link. 		

Have an Account? Login

 If this is your first time accessing this portal, click on the Forgot Password link (Figure 4).

Sign In	
Username	
Password	
	Forgot username? Forgot password?
Sign In	
© 2023 PSI	



3. Enter in your email address in both the Username and Email fields. You must enter in the same email address you used when previously registering for an exam. Figure 5 shown below highlights this section.

Figure 5

Forgot Password	
Important: Resetting your password is a multi-step process. Please keep your browser window open until you are told you can log in. If your browser is closed during this process, you will be required to restart it from the beginning.	
Step 1: Identify Your Account	
Please provide your username and email address so that we can find your account and help you reset your password.	
Username *	
Email *	
Next Step Cancel	
© 2023 PSI	

4. Next, you will receive a verification code. Please note that the verification code expires after 30 minutes. Retrieve your email and enter in the verification code into the Password Reset Code field as shown in Figure 6.

Figure 6

The verification code will expire in 30 minutes .
Important: Resetting your password is a multi-step process. Please keep your browser window open until you are told you can log in. If your browser is closed during this process, you will be required to restart it from the beginning.
Step 2: Verify Reset Code
A reset code was sent to the specified email address. Without closing this browser window, get this code from the email message and enter it below.
Password Reset Code *
1
Next Step Cancel
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6

5. You will then be asked to create a New Password. Enter your new Password into the New Password and Confirm New Password fields and click on Reset Password (Figure 7).

Figure 7

Important: Resetting your password is a multi-step process. Please keep your browser window open until you are fold you can log in If your browser is closed	Password Validation Rules
during this process, you will be required to restart it from the beginning.	 Password must be at least 8 character(s) long. Password must contain at least 1 lower case character(s)
Step 3: Reset Password	 Password must contain at least 1 upper case character(s).
Please set a valid password for yourself and confirm.	Passwords Cannot
New Password *	Password cannot contain the username.
······ 🗸	
Confirm New Password *	
······ ✓	

6. Next, click on the Login with new password link (Figure 8).
Figure 8

Forgot Password
Password Successfully Reset
Your password has been successfully reset. You should now be able to log in with your new username and password.
Login with new password
© 2023 PSI

Candidate Demographics

- You'll next be presented with candidate demographic questions.
- 2. First, you will enter your City, State, and Zip (Figure
 9).

Candidate Demographics		
1) City		
2) State		
3) Zip Code		
	Next Page »	

- 3. On the next page you will answer additional demographic questions. If you choose not to answer these questions, please select the 'Prefer not to say' option.
- 4. Once complete, click Finish (Figure 10).



7)	Age Range
	A) Under 18
	○ B) 18-24
	O C) 25-29
	O D) 30-34
	○ E) 35-39
	○ F) 40-44
	○ G) 45-49
	○ H) 50-54
	○ I) 55-59
	O J) 60-64
	 K) 65 and Over
	 L) Prefer not to say
8)	Highest Education Level Completed
	 A) High School or GED
	○ B) Some College
	 C) 2-Year College Degree (Associates)
	 D) 4-Year College Degree (BA-BS)
	 E) Master's Degree
	 F) Doctoral Degree
	 G) Prefer not to say



Pay for the Firefighter Candidate Assessment (FCA)

- The next step is to pay for your exam fee of \$73.00 using a valid credit card number and submitting payment (Figure 11).
- Once you have submitted your credit card payment, you will receive an onscreen notification that you have successfully paid for the test and are now ready to schedule your exam.

Instructions To proceed, please enter your credit card payment information below and select "Submit Payment".				
Note: This is for pre-payment of a proctored event. There will not be any refunds for events not attended.				
Product Information				
Product	Price			
Total Amount To Be Charged				
Have a Discount Code?				
Discount Code: Enter Code	Apply			
Payment Information				
Credit Card Type: VISA 🔍 🏠				
Visa	~			
Credit Card Number:				
Expiration Date:				
01 ~				
2023 ~				
Security Code:				
Cardholder's Name:				
Billing Postal Code:	_			
Submit Payment				



Requesting an Accommodation

- Next, you will see a screen asking if you would like to request an accommodation (Figure 12).
- 2. If **No Accommodation is Needed**, click the appropriate radio button and the **Submit** button.
- 3. If an **Accommodation is Needed**, click the appropriate radio button and the **Submit** button.

Figure 12

Accommodations Request
The goal of a reasonable accommodation is to enable qualified individuals with disabilities to enjoy equal employment opportunity. If you have a disability and believe you need an accommodation in the assessment process, select the accommodation(s) you are requesting below. The approval process varies by client and may take several days. If you are not in need of an accommodation, select 'No Accommodation Needed'.
Accommodations Needed • No Accommodations Needed
Submit

4. Complete the Accommodation Request Form and click the Submit button (Figure 13). You will then receive an email with further instruction for how to submit documentation. You will be unable to proceed to scheduling until your accommodation request has been reviewed and either approved or denied.



Figure 13

	Accommodations Request			
he goal of a reasonable accommodation is to enable qualified individuals with disabilities to enjoy equal employment opportunity. If you have a disability and believe you need an ccommodation in the assessment process, select the accommodation(s) you are requesting below. The approval process varies by client and may take several days. If you are not in eed of an accommodation, select 'No Accommodation Needed'.				
	• Accommodations Needed			
Time Extension Accommodatio	n			
Time Extension:				
No Time Extension	×			
No Time Extension				
Time Extension - 50%				
Time Extension - 100%				
Approved Breaks				
Reader				
Other				
ppointment Postal Code:				
hone Number:				
eason for Request:				
	Submit			

Schedule for the Firefighter Candidate Assessment (FCA)

 You will now be presented with Test Scheduling Procedures. Please read these instructions carefully before proceeding and then click Continue (Figure 14).

Figure 14

Procedures & Terms	Select Location & Time	Confirm Appointment
Test Scheduling Procedures		^
Before you schedule online, please be sure you read a	nd understand the instructions below.	
When you have read and fully understand these instruc	tions, please click the 'Continue' button below.	
Please Note: All appointments must be scheduled at lea	ast 24 hours in advance of the appointment date and time.	
Identification		
You need to arrive at the test center thirty (30) minutes (15) minutes late for your scheduled appointment, you	prior to the beginning of your test appointment to allow tim will not be permitted to test. Please be sure to take care of	ne for the check-in process. If you are more than fifteen f any personal needs before appointment check-in.
Upon arrival, you will be required to present one official	, valid piece of identification that meets the following requi	irements:
The ID must be issued by Federal or State Govern Card/Green Card, U.S. Employment Authorization/	ment and must be a Driver's License, U.S. State Issued ID Document, U.S. Government issued Visa, U.S. Territory ID) Card, U.S. Passport, U.S. Military ID, U.S. Resident) (e.g., Puerto Rico, Guam, etc.)
• The ID must bear a PHOTO.		
The ID must be original. No photocopies or faxes v	vill be accepted.	

Enter in your city and state in the search bar. If you do not see available testing dates, either change the date range or click on the Search Next Two Weeks button (Figure 15). You can only search appointments within a two-week window.

Figure 15

Procedures & Terms		Select Locat	tion & Time			Confirm App	ointment	
California, USA		x	100	200	300	400		■ mi ○ km
Start Date $$ 01/18/2023 $$ $ imes$	End Date 01/24/2023 \times			America/New York (E	Eastern)	~	Any Time	~
SEARCH Search Next Two Weeks								

3. Once you find a test center, click on **View Times** and select a time slot.

4. On the Confirm Your Appointment page, enter your phone number, and review the details of the appointment. If you would like to choose a different time or test center, click the Back button. If you would like to proceed with scheduling, click the Schedule Appointment button (Figure 16).

Figure 16

کے Procedures & Terms	Select Location & Time	Confirm Appointment
Confirm Your Appointment		
Phone Number		
111111111		
January 19, 2023 12:00 PM - 3:00 PM America/New York (Easte	ern) (180 minutes)	
Location		
PSI Examination Services-FRESNO		
351 E. BARSTOW, SUITE 101 Fresno, CA 93710		
VIEW MAP		

5. Your appointment has now been scheduled and you will see the Appointment Information page. You will automatically be sent a confirmation email with appointment details and instructions. If you do not receive this email, please send an email to <u>colaops@psionline.com</u>

Out of State Seat Requests and Seat Requests

You will use these instructions if you are testing out of state and are unable to find a center in your city. Centers within the PSI network make every attempt to ensure appointments are available for scheduling. However, there are times when seats are not available.

 If you attempt to schedule an appointment via the Scheduling page but there are no seats available, you will see the following screen with a Request a Seat button (Figure 17). There are no seats within the selected range of your Postal Code. Please click the link to request a seat so that an attempt can be made to find one for you.

Request a Seat

- 2. When you click on this button, you will then see a Request a Seat form (Figure 18). You can submit up to three date and time preferences and will then be sent an email notification that the Seat Request was received.
- 3. Please allow up to 7 days to process your request and you will be contacted once seats are available.



FCA	Registration
Re	quest a Seat
Please select up to three date and time preference Monday - Friday, but evening and weekends may 5 business days to process a request. Please n	ces for your testing appointment. Standard operating hours are / be available at some locations. Please allow a minimum of 3 - nake sure to allow enough time for your request to be fulfilled.
Postal Code: 15101	Country Code: US
1ST PREFERRED (REQUIRED)*	
Date Required	Time of Day Required
Date	
2ND PREFERRED (OPTIONAL)	
Date	Time of Day
Date	
3RD PREFERRED (OPTIONAL)	
Date	Time of Day
Date	
	Request seat

Technical Support

If you need technical support, please email colaops@psionline.com