

# Broward Fire Academy

2600 Southwest 71 Terrace Davie, FL 33314  
754.321.1300 \* Fax 754.321.1302

[www.bfa.edu](http://www.bfa.edu)  
[bfa@browardschools.com](mailto:bfa@browardschools.com)

**TO:** Minimum Standard Applicants  
**FROM:** Broward Fire Academy  
**RE: REGISTRATION APPLICATION**

Thank you for your interest in applying to the Broward Fire Academy Minimum Standards program (Firefighter I & II). Read, completed, attach photocopies, and assembled in the order listed prior to contacting Mr. Art Bousquet at [arthur.bousquet@browardschools.com](mailto:arthur.bousquet@browardschools.com) or 754.321.1306 to schedule an appointment to review your completed registration packet.

Payment for the program is due in full at the time of registration. The program registration fee for Florida residents is \$2,190.00 for day class and \$2,210 for night class payable by financial aid, Workforce One, Bright Futures, Florida Prepaid, Visa, MasterCard, money order, or cashier's check (payable to McFatter Technical Center). Applicants applying for financial aid must complete the 2011/2012 application online at the [www.FAFSA.ed.gov](http://www.FAFSA.ed.gov) prior to being eligible to register (McFatter's school code is 030036). Upon completing the FAFSA application online, students must meet with the Office of Financial Services located at McFatter Technical Center. Please schedule an appointment by calling 754.321.5804 or 754.321.5738. Students applying for VA assistance should contact Mr. Morina at 754.321.5840.

## **PREREQUISITES:**

- 18 years of age
- high school diploma from a regionally accredited institution or GED
- TABE TEST (valid for 2 years) or college degree from a regionally accredited institution
- PASS THE BROWARD FIRE ACADEMY ENTRANCE ABILITY TEST
- Obtain a valid CPR card (BLS-HCP Adult and Child AED CPR card)
- Complete First Responder, EMT or Paramedic certificate

***All applicants must meet the above prerequisites prior to completing this registration application.***

Complete all forms online by scrolling down or by using the page up/down key. Fill in all of the appropriate boxes by using the tab key to move within each form. After completing all of the required forms, click print. All forms needing to be notarized must be signed in the presence of a notary. Schedule an appointment with your physician to complete the MEDICAL EXAMINATION (DFS-K4-1022) to determine fitness for firefighting training. This form must be signed by your physician. Bring all completed forms, photocopies and payment to your scheduled appointment.

Registration hours: Monday - Friday, 8:00 a.m. to 3:00 p.m.  
**Only completed applications will be accepted.**

**REQUIRED FORMS:**

- 1. WORKFORCE EDUCATION REGISTRATION APPLICATION
- 2. WORKFORCE EDUCATION RESODEMNCY AFFIDAVIT FOR TUITION PURPOSES
- 3. WORKFORCE EDUCATION ACCEPTABLE PROOF OF RESIDENCY AFFIDAVIT DOCUMENTS
- 4. EXPLANATION OF LEARNER RIGHTS & RESPONSIBILITIES
- 5. WORKFORCE EDUCATION REFUND POLICY
- 6. RELEASE OF RECORDS
- 7. HOLD HARMLESS AGREEMENT
- 8. EMERGENCY MEDICAL INFORMATION
- 9. The Department of Financial Services, Division of the State Fire Marshal, APPLICATION FOR FIREFIGHTER CERTIFICATION EXAMINATION
- 10. The Department of Financial Services, Division of the State Fire Marshal, MEDICAL EXAMINATION TO DETERMINE FITNESS FOR FIREFIGHTER TRAINING  
**NOTICE: MEDICAL EXAMINATION FORM (DFS-K4-1022) must be completed less than 6 months before start of class.**

**ATTACH REQUIRED PHOTOCOPIES:**

- 1. High School Diploma, GED (***bring original and photocopy***) or official transcript (sealed)
- 2. Proof of age: Florida drivers license (***bring original and please ENLARGE & LIGHTEN photocopy***) or birth certificate (***bring original and photocopy***)
- 3. CPR card (BLS-HCP Adult and Child AED CPR card) (***attach photocopy***)
- 4. First Responder, EMT certificate and/or Paramedic certificate (***attach photocopy***)
- 5. Broward Fire Academy Entrance Ability Test score sheet (***attach photocopy***)
- 6. Proof of medical insurance or you will need to apply for accident insurance. Forms are available online at [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com) or at the Broward Fire Academy. If you apply online for accident insurance, you will need to print the confirmation page and keep a copy for your records.
- 7. Attach photocopies of **TWO (2)** Proof's of Florida Residency documents, see page 7.

# Career, Technical, Adult & Community Education

## WORKFORCE EDUCATION REGISTRATION APPLICATION

**REGISTRATION APPLICATION DIRECTIONS:** Please print and use legal names. Please complete each item. Every item on this application is required by Florida Statute and/or Florida Administrative Code. If you feel you need assistance to complete this form please see a staff member at the time of registration.

**STUDENTS WITH DISABILITIES:** Accommodations and services are available to students with documented disabilities. If you have any special needs, please arrange an appointment for advisement/counseling with designated personnel at the school. Reasonable efforts will be made to accommodate your needs.

|  |  |  |      |   |        |                         |   |
|--|--|--|------|---|--------|-------------------------|---|
| SOCIAL SECURITY #  |  | STUDENT ID #   |      | PROGRAM / COURSE REQUESTED  |        |                         | SECTION(S)  |
| LAST NAME  |  | FIRST NAME   |      | MI  | E-MAIL |                         |   |
| ADDRESS  |  | APT.   | CITY | C.OUNTY   | STATE  | ZIP CODE                |   |
| TELEPHONE NUMBER HOME  |  | CELL   |      | EMERGENCY CONTACT NAME:   |        | PHONE:                  |   |
| BIRTH DATE (MM/DD/YYYY)  |  | IN WHAT COUNTRY WERE YOU BORN?   |      |   | GENDER |                         | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Do you have a standard diploma/GED?<br><input type="checkbox"/> Yes (31) <input type="checkbox"/> No (30)  |  |  |      | Are you a U.S. Military veteran?<br><input type="checkbox"/> Yes (V) <input type="checkbox"/> No (Z)  |        |                         |   |
| Is this the first time you are enrolling in a postsecondary certificate course?<br><input type="checkbox"/> Yes (Y) <input type="checkbox"/> No  |  |  |      |   |        |                         |   |
| RESIDENCE (Check one) Are you:   |  |  |      | <input type="checkbox"/> An Out-of-State Resident?  |        |                         |   |
| <input type="checkbox"/> A Florida Resident? (4) County  |  |  |      |   |        |                         |   |
| Is English your native language?<br>If not, do you have difficulty reading and/or writing the English language?<br>How do you expect to benefit from taking Adult General Education courses? |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes (Y) <input type="checkbox"/> No |      | CITIZENSHIP (Please indicate your citizenship)<br><input type="checkbox"/> (A) Non-Resident Alien <input type="checkbox"/> (C) U.S. Citizen<br><input type="checkbox"/> (P) Permanent Resident Alien <input type="checkbox"/> Unknown |        |                         |   |
| (A) <input type="checkbox"/> Employment  |  | (D) <input type="checkbox"/> Pass GED  |      | (F) <input type="checkbox"/> Advance to Post Secondary Level  |        | (Check up to three (3)) |   |
| (C) <input type="checkbox"/> Retain Employment   |  | (E) <input type="checkbox"/> Obtain High School Diploma  |      | (I) <input type="checkbox"/> Citizenship  |        |                         |   |

Please answer Both questions 1 and 2.

Ethnicity:

1. Are you Hispanic or Latino? (Please choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

Race:

2. What is your race? (Please mark all that apply)

- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
- Black or African American – A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
- White – A person having origins in any of the original peoples of Europe, the Middle East or North Africa

**DISPLACED HOMEMAKER** (Technical Program Applicants)

Are you an individual (male or female) who has worked primarily in the home without pay and now, because of death, divorce, separation or disability of their spouse, or loss of public assistance, need to seek training to enter the job market?

Yes (H)  No (Z)

**SINGLE PAREN T/ SINGLE PREGNANT WOMEN** (Technical Program Applicants – Check one)

Are you a:  Single Parent (S)  Single Pregnant Woman (W)  Both (B)

**INTERNATIONAL STUDENTS** (Technical Program Applicants)

Do you have an approved M-1 visa?  Yes  No International Student Advisor verification: \_\_\_\_\_ (initials)

I hereby certify that the information on this application is accurate to the best of my knowledge. I further certify that I am not currently expelled from the Broward County Public Schools.

Student Signature \_\_\_\_\_

Date

**– OFFICIAL USE ONLY –**

**INITIAL ASSESSMENT RESULTS**

TABE TEST DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

TEST NAME: (Check all that apply)

TABE 9  TABE 10

TEST FORM:

SURVEY  BATTERY

READING MATH LANGUAGE

LEVEL: (L, E, M, D, and/or A)

\_\_\_\_\_

SCALE SCORES :

\_\_\_\_\_

NOTE: Schools retain the right to validate Assessment results.

CASAS TEST DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CASAS TEST FORM: \_\_\_\_\_ READING \_\_\_\_\_ LISTENING \_\_\_\_\_ NLS SCORE RANGE \_\_\_\_\_

SCALE SCORES: \_\_\_\_\_

**FINANCIAL ASSISTANCE** (Check all that apply)

- Has student received :  Pell Grant (A)  SEOG (B)  ITA (WIA) (D)
- Other need-based Financial Assistance such as scholarships or loans (E)
- District Financial Assistance (FAFTF) (F)
- Florida Public Postsecondary Career Education Student Assistance Grant (H)

**STUDENT DISABILITY**

Does the student request an appointment for Advisement/Counseling to discuss the need for testing/instructional accommodations?

Yes  No

If yes, obtain an Accommodation Advisement/Counseling Request Form to begin the process and complete the Disability Data Reporting Form as applicable.

**FEE STATUS** (Applies to PAVE Fee only )

- Fee Required (R)  Fee Waived (W)  Fee Waived (S)
- Fee Deferred (D)  Fee Exempt Code: \_\_\_\_\_

Counselor or Designee \_\_\_\_\_ Date \_\_\_\_\_

Assistance was provided to the student in completing this form by: \_\_\_\_\_ Date \_\_\_\_\_

**Career, Technical, Adult & Community Education  
WORKFORCE EDUCATION RESIDENCY AFFIDAVIT FOR TUITION PURPOSES  
(CERTIFICATE and APPLIED TECHNOLOGY DIPLOMA STUDENTS ONLY)**

(for the purpose of assessing matriculation and student fees, a student shall be classified as a "resident" or "non-resident" student based upon Florida Statute S1009.2. if you do not qualify, simply sign the non-florida resident section on second page of form.)

The determination of dependent or independent status is important because it is the basis for whether the student has to submit his/her own documentation of residency (as an independent) or his/her parent's or guardian's documentation of residency (as a dependent). The definitions are provided below:

**Independent Student:** A student who meets any one of the following criteria shall be classified as an independent student for the determination of residency for tuition purposes:

- I am an independent person and have maintained legal residence in Florida for at least 12 months.
  1. The student is 24 years of age or older by the first day of classes of the term for which residency status is sought at a Florida institution.
  2. The student is married.
  3. The student has children who receive more than half of their support from the student.
  4. The student has other dependents who live with and receive more than half of their support from the student.
  5. The student is a veteran of the United States Armed Forces or is currently serving on active duty in the United States Armed Forces for purposes other than training.
  6. Both of the student's parents are deceased or the student is or was (until age 18) a ward/dependent of the court.
  7. The student is classified as an independent by the financial aid office at the institution.

**Dependent Student:** A Student who does not meet the above definition of an independent student shall be classified as dependent student for the determination of residency for tuition purposes.  
(Check appropriate blocks:)

- I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
- I am a dependent person who has resided for five (5) years with an adult relative other than my parent or legal guardian and my relative has maintained legal residence in Florida for at least 12 months.
- A Florida public college/university declared me a resident for tuition purposes.

**Name of Institution** \_\_\_\_\_

- I am married to a person who has maintained legal residence in Florida for at least 12 months. I have established legal residence and intend to make Florida my permanent home.  
**(Copy of marriage certificate required)**.
- I was previously enrolled at a Florida state institution and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago, and am now re-establishing Florida legal residence.
- According to the United States Immigration and Naturalization Service, I am a permanent resident alien or other legal alien granted indefinite stay. I have maintained domicile in Florida for at least 12 months.  
(INS documentation required)
- I am a member of the armed services of the United States and am stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida (or I am the member's spouse or dependent child). **(Copy of military orders, DD2058 or military document showing home of record required)**.
- I am a full-time instructional or administrative employee employed by a Florida public school, community college or institution of higher education (or I am a spouse or dependent child).  
**(Copy of employment verification required)**.
- I am a qualified beneficiary under the terms of the Florida Pre-Paid Postsecondary Expense Program (S.240.0551, F.S.). **(Copy of card required)**.
- I am a full-time employee of a state agency or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the job-related law enforcement or corrections training.

**Attach copies of documentation indicated on previous page**– Additional documentation (e.g., copies of voter's registration, driver's license, tax returns, deeds, etc.) may be required by the school in some cases. All **documentation is subject to verification.**

Someone other than the student (e.g., parent) should complete this affidavit if the student is dependent or seeks to be classified as a Florida resident by virtue of a relationship, otherwise, the student should complete this affidavit.

Please Print.

Name of Student:  Social Security #:

The Claimant is the person who is claiming Florida residency, e.g., the student (if independent), parent, spouse or legal guardian. **All of the questions below pertain to the claimant.**

Name of Claimant:  Relationship of Claimant to Student:

Permanent Legal Address of Claimant:  
Street Address:

City/State/Zip:

Daytime Telephone:  Cellular Telephone:

Claimant's Voter Registration:      
State County Number Issue Date

Claimant's Driver's License:     
State Number Issue Date

Claimant's Vehicle Registration:     
State License Tag Number Issue Date

Non-U.S. Citizen ONLY:    
Resident Alien Number Date Card Issued

**ADDITIONAL DOCUMENTATION MAY BE REQUESTED BY THE INSTITUTION**

I do hereby swear or affirm that the above-named student meets all requirements indicated in the checked category on the previous page for the classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement, pursuant to 837.06 Florida Statutes, and that a false statement in this affidavit may subject the above-named student to the penalties for making a false or fraudulent statement.

Signature: \_\_\_\_\_  
(Person Claiming Florida Residency) Date

Signature of Verifying Official: \_\_\_\_\_  
Date

**Non-Florida Resident Only**

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted and that if I should qualify for a future term, it will be necessary for me to file the required documentation prior to the beginning of the term in order to be considered for Florida residency classification.

Signature: \_\_\_\_\_  
Date

# Career, Technical, Adult & Community Education

## WORKFORCE EDUCATION

### ACCEPTABLE PROOF OF RESIDENCY AFFIDAVIT DOCUMENTS

(Certificate, Applied Diploma Students Only)

For the purpose of assessing tuition and student fees, a student shall be classified as "resident" or "non-resident" student based upon Florida Statute S1009.2

Two (2) forms of documentation are required.  
(Documents must be dated at least 12 months prior to the start of the program)

At least one (1) of the forms of documentation MUST include the following:

- Florida Driver's License
- Florida Voter Registration Card
- Florida Vehicle Registration
- Florida Identification Card
- Declaration of Domicile
- Proof of Purchase of a permanent home in Florida that is occupied as a primary residence
- Proof of Homestead Exemption in Florida
- Transcripts from a Florida High School for multiple years (if a Florida high school diploma or GED was earned within the last 12 months)
- Proof of permanent full-time employment in Florida (one or more jobs for at least 30 hours per week for a 12 month period)
- A Florida Professional or Occupational License
- Florida Incorporation
- A document evidencing family ties in Florida
- Proof of membership in a Florida-based charitable or professional organization
- Any other documentation that supports the student's request for resident status, including, but not limited to, utility bills and proof of 12 consecutive months of payment; a lease agreement and proof of 12 consecutive months of payments; or an official state, federal, or court document evidencing legal ties to Florida

One (1) of the forms of documentation MAY include the following:

- Military orders or DD2058 or military document showing home of record required
- Marriage Certificate
- Copy of Florida Pre-Paid Postsecondary Expense Program Card
- Transcript from a Florida state educational institution showing enrollment as a Florida resident within the 12 months

# Career, Technical, Adult & Community

## WORKFORCE EDUCATION

### EXPLANATION OF LEARNER RIGHTS & RESPONSIBILITIES

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It is our district's responsibility to inform all students that sometimes accommodations may be available for basic skills testing as well as instruction, such as extended time or testing in a separate room.

Persons with documented disabilities including but not limited to a learning disability, ADHD, depression, mobility impairment, or a hearing or vision impairment are protected under law with the right to accommodations in instruction and testing.

#### **EACH STUDENT has the right:**

- To participate in adult education programs, services, and activities without discrimination
- To choose whether to disclose a disability
- To receive reasonable accommodations in class and on tests
- To meet with staff to discuss his/her needs

#### **EACH STUDENT has the responsibility:**

- To self identify, or notify a teacher or registrar if he or she needs or wishes to request accommodations for testing or instruction
- Provide documentation of your disability. Documentation is required, but will be kept totally confidential.

#### **Possible accommodations may include:**

- Extra time for testing
- Frequent breaks
- Private work area
- Interpreters
- Alternate test formats (Braille, audiotape, large print)
- Assistive devices

Remember, if you have ever had or think you might currently have a learning disability or other disability which affects your ability to learn or to take tests, please let us know as soon as possible so that, together, we can determine what assistance you may need in testing and instruction.

#### **I understand the Learner Rights and Responsibilities as explained to me.**

Student Name (Print):

Student ID #:

Student Signature: \_\_\_\_\_

Approved for Testing: \_\_\_\_\_

School Designee

- With Accommodations: Check this box if documentation is provided substantiating the need for accommodations and describe what they will be below.

\_\_\_\_\_  
\_\_\_\_\_

## **MCFATTER TECHNICAL CENTER**

School \_\_\_\_\_

Date \_\_\_\_\_

Individuals with disabilities requesting accommodations under the Americans with Disability Act (ADA) may call the Equal Educational Opportunities Department (EEO) at (754) 321-2150 or Teletype Machine, TTY DD# (754) 321-6188. The School Board of Broward County, Florida prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender, national origin, marital status, race, religion, or sexual orientation.

# Career, Technical, Adult & Community Education

## WORKFORCE EDUCATION REFUND POLICY

School Board of Broward County, FL Policy 6607 and Business Practice, Bulletin A-421 governs the Refund Policy. According to this policy:

1. Refunds of all fees, except the registration fee and the activity fee, may be requested in the Office of Admissions within the first week of a class. If a course is less than five days, refunds of all refundable fees must be requested prior to the **FIRST DAY OF CLASS**. Student **MUST** turn in their original receipt of payment.
2. Other acceptable evidence of payment as determined by the Superintendent (designee) may be presented to the school director or his/her designee.
3. After the refund period, students may request a full or partial refund of tuition and supply fees for unusual circumstances. Refunds need administrator approval on the "Student Request for Refund" form.
4. Cancelled class refunds will be automatically processed. The student is responsible for returning all school items if applicable within 5 days from cancellation.
5. If a student withdraws for any reason, the registration fee and activity fee is not refundable.
6. All requests for refunds must be made in person.

I hereby certify that I have read and understand the above refund policy.

Print Student Name

Student ID #

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# Broward Fire Academy

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## RELEASE OF RECORDS

Name

Address

City

State

Zip Code

PROGRAM ENROLLED IN: BROWARD FIRE ACADEMY

PROGRAM START DATE:

RELEASE RECORDS TO: GOVERNMENT AND CITY AGENCIES FOR EMPLOYMENT PURPOSES

Student's Signature: \_\_\_\_\_

Date:

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## HOLD HARMLESS AGREEMENT

I , a student in the Broward Fire Academy Minimum Standards Class, do hereby state the following:

1. That I understand that I will be performing rigorous physical activities related to the firefighting industry.
2. That I understand that this training may be intensive and that it is related to the physical functions necessary to perform the duties of a firefighter.
3. That I am in good physical condition and that my doctor has stated that I am medically fit to engage in firefighter training exercises.
4. That I hereby release and waive any claims that I may have against the Broward Fire Academy, McFatter Technical Center and The School Board of Broward County from any and all injuries, liabilities, claims, actions, damages, costs or expenses which I may have against any of them arising out of the above-described Minimum Standards course that I am about to take.

Signature of Applicant: \_\_\_\_\_  
(SIGN IN THE PRESENCE OF NOTARY)

State of Florida

County of : \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary  
State of Florida

\_\_\_\_\_  
Print Name of Notary

- ( ) PERSONALLY KNOWN TO ME; OR  
( ) PRODUCED IDENTIFICATION:

\_\_\_\_\_  
TYPE OF IDENTIFICATION

# Broward Fire Academy

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[www.bfa.edu](http://www.bfa.edu)

[bfa@browardschools.com](mailto:bfa@browardschools.com)

## EMERGENCY MEDICAL INFORMATION

Name:

Address:

City:  State:  Zip Code:

Country:

Email:

Phone Number:

Cell Phone Number:

Primary Physician Name:

Primary Physician Phone Number:

Emergency Contact Name:

Emergency Contact Phone Number:

Relationship:

Medical History:

Medications:

Allergies:

I  do hereby confirm that all of the above information is correct.

**Student's Signature:** \_\_\_\_\_ Date:

**The Department of Financial Services**  
***Division of the State Fire Marshal***

**APPLICATION FOR FIREFIGHTER CERTIFICATION EXAMINATION**  
**BUREAU OF FIRE STANDARDS & TRAINING**

Please type or print legibly.

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NAME: LAST           | FIRST                | MI                   | DATE OF BIRTH        |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HOME ADDRESS:        | CITY                 | STATE                | ZIP CODE             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| STUDENT ID           | E-MAIL ADDRESS       | CONTACT PHONE NUMBER |                      |

**REQUIRED ATTACHMENTS:**

- Completed fingerprint card with payment confirmation number or Date of Live Scan
- Copy of your High School Diploma (Home Schooling must be compliant with FS 1002.41 & 1003.21)
- Copy of drivers license or birth certificate as proof of being at least 18 years old
- Completed, signed and dated original DFS-K4-1022 (completed less than 6 months before start of class)
- Application fee of \$30 by check made payable to Department of Financial Services

Fill in the blank and attach a Certificate or Transcript for each of the courses below.

|   | <u>COURSE TITLE</u>           | <u>PROVIDER</u>      | <u>DATES ATTENDED</u> |
|---|-------------------------------|----------------------|-----------------------|
| 1 | MINIMUM STANDARDS (398 Hours) | <input type="text"/> | <input type="text"/>  |
| 2 | FIRST RESPONDER, EMT OR EMTP  | <input type="text"/> | <input type="text"/>  |

**Inquiry Waiver** - By my signature below, I authorize the Division of State Fire Marshal, Bureau of Fire Standards and Training, access to any and all information concerning my work record, school record, military record, and moral character pertinent to this application. This includes any and all information of a confidential or privileged nature, and photostats of same if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification in the State of Florida.

**Certification Notice** - By my signature below, I understand that submission of this application is not a guarantee of approval and certification. Certification is only attained with an approved application, successfully completing the required courses or attaining equivalency and passing the state certification written and practical exam.

|                               |                      |
|-------------------------------|----------------------|
|                               | <input type="text"/> |
| <b>Signature of Applicant</b> | Date                 |

SUBMIT THIS APPLICATION ALONG WITH THE REQUIRED DOCUMENTATION AND APPLICATION FEE TO:  
 BUREAU OF FIRE STANDARDS AND TRAINING, 11655 NW GAINESVILLE ROAD, OCALA, FLORIDA 34482-1486

Pursuant to the provisions of the Americans with Disabilities Act, any person needing special accommodations, please advise when scheduling your exam

**The Department of Financial Services**  
***Division of the State Fire Marshal***

**MEDICAL EXAMINATION TO DETERMINE FITNESS FOR FIREFIGHTER TRAINING**  
**BUREAU OF FIRE STANDARDS AND TRAINING**

Please print legibly.

|                 |                |                      |            |
|-----------------|----------------|----------------------|------------|
|                 |                |                      |            |
| NAME: LAST      | FIRST          | MI                   | STUDENT ID |
|                 |                |                      |            |
| TRAINING CENTER | E-MAIL ADDRESS | CONTACT PHONE NUMBER |            |

**For the medical professional conducting the examination:** The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of a firefighter as described on page 2. Authority for this examination is FS 633.34 and is required before an individual starts firefighter training.

This medical examination must be completed by a physician, surgeon, or physician’s assistant per ch. 458; or an osteopathic physician, surgeon, or physician’s assistant per ch.459; or an advanced registered nurse practitioner per ch. 464.

**Examination should include but is not limited to:**

- |  |  |
|--|--|
| Dermatological system, Cardiovascular system | Ears, eyes, nose, mouth, throat            |
| Clinical evaluation of 12 lead EKG           | Auditory hearing in the pure tone          |
| Systolic and Diastolic Blood pressure        | Far visual acuity corrected or uncorrected |
| Respiratory system                           | Peripheral vision                          |
| Gastrointestinal system                      | Genitourinary system                       |
| Endocrine and metabolic systems              | Musculoskeletal system                     |
| Neurological system                          |  |

**For the medical professional conducting the examination to complete:** (Sign in appropriate box)

Based on the results of this medical evaluation, the applicant:

**Has no pre-existing or current condition, illness, injury or deficiencies. The applicant is medically fit to engage in firefighter training.**

**Has a pre-existing or current condition, illness, injury or deficiency that presents a safety or health risk in the environment or job functions of a firefighter. The applicant is not medically fit for firefighter training.**

Signature

Signature

**Completion Required (please print)**

\_\_\_\_\_  
**PRINTED NAME OF MEDICAL PROFESSIONAL**

\_\_\_\_\_  
**DATE SIGNED**

Office Telephone number: \_\_\_\_\_

Office address/stamp:

## **Essential Job Tasks and Descriptions from NFPA 1582, 2007 edition**

1. Performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting, carrying heavy objects, ventilating roofs or walls using power or hand tools, and forcible entry), rescue operations and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.
2. Wearing an SCBA, which includes a demand valve–type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.
4. Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more and carrying equipment/tools weighing an additional 20 to 40 lbs.
5. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).
6. Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility.
7. Advancing water-filled 2 ½ diameter hose lines from fire apparatus to occupancy [approximately 150 ft. ], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.
11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.
12. Ability to give and comprehend verbal orders while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers), hear alarm signals, hear and locate the source of calls for assistance from victims or other firefighters.
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.

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