

MS FIRE ACADEMY FIELD DELIVERY REQUEST (REV 9/2010)

Requesting Department:	
Address and City:	
Phone Number:	Fax Number:
Email:	Contact Person:
Please indicate which course you are requesting	
<u>Certification:</u> <input type="checkbox"/> 1001 Fire Fighter I-II <input type="checkbox"/> 1021 Fire Officer I-II <input type="checkbox"/> 1041 Instructor I- II <input type="checkbox"/> 1521 Safety Officer <input type="checkbox"/> CPAT Exam	<u>Extension:</u> <input type="checkbox"/> 1002 Driver Operator-Pumping Apparatus <input type="checkbox"/> 1002 Driver Operator-Aerial Apparatus <input type="checkbox"/> Certified Rural Fire Apparatus Driver I <input type="checkbox"/> 1002 Overview of Apparatus Pump Operations <input type="checkbox"/> Basic Aerial Operations Annual Refresher <input type="checkbox"/> Auto Extrication <input type="checkbox"/> Passenger Bus Rescue & Incident Mgmt.
<u>Special:</u> <input type="checkbox"/> Rope Rescue Modules I - IV <input type="checkbox"/> Confined Space Rescue <input type="checkbox"/> Hazardous Materials- First Responder <input type="checkbox"/> Hazardous Materials Technician Modules I- VI	<u>NIMS:</u> <input type="checkbox"/> ICS 100 <input type="checkbox"/> ICS 200 <input type="checkbox"/> ICS 300 <input type="checkbox"/> ICS 400 <input type="checkbox"/> ICS 700 <input type="checkbox"/> ICS 800
Type of Delivery Requested: (please indicate) <input type="checkbox"/> _____Combination-Academy staff and host department share instructional duties. <input type="checkbox"/> _____Contract- Academy staff to deliver and test course. <input type="checkbox"/> _____Department to provide Instruction and Academy staff will administer test. <input type="checkbox"/> _____Academy staff to designate contract workers (Associate Instructors) to deliver program and Academy staff will proctor final skills/testing. (Usually, grant funded course)	
Documentation Required to Continue this field delivery request: <input type="checkbox"/> _____ Signed MS Fire Academy Field Delivery Request form from host department <input type="checkbox"/> _____ Completed MSFA Roll Sheet (Please print or type student names and departments) <input type="checkbox"/> _____ Projected Field Delivery Start Date: _____ <input type="checkbox"/> _____ Students from Other Departments will Participate (Department Names): _____ _____	
Chief Signature:	Training Officer Signature:
Upon receipt of this document and the roll sheet, the Academy staff course coordinator will contact you regarding your request. If a Memorandum of Understanding is required, the Memorandum of Understanding (MOU) document will be submitted for the signature of the chief. Upon receipt of a signed MOU, the field delivery course material with instructions will be submitted to you. Testing dates will be agreed upon by both parties according to availability.	

DOCUMENT CHECKLIST – FIRE FIGHTER 1001-I-II

Name of Applicant: _____

Contact Person: _____

Department: _____

The following seven (7) documents must be on file with the Fire Academy before applicant will be scheduled for entry in the next available Fire Fighter 1001-I-II delivery.

		Received
1	Signed application for student submitted by sponsoring department	
2	Copy of photo driver license, government issued photo I. D., or notarized birth certificate showing proof of age	
3	Copy of H. S. diploma or GED notarized by issuing institution or school board, Letter from school board with student's name, SSN, & graduation date, or copy of transcript from a junior college or four year university	
4	Copy of current CPR Card issued by American Heart Association, American Red Cross, or equivalent	
5	Copy of certificate or proof of meeting Emergency Medical Care requirements	
6	Copy of the Candidate Physical Ability Test Evaluation Form –CPAT (valid for 1 year)	
7	MSCB Physical Examination Release form (MSCB-04 revised 12/2009) Valid for one year but must be valid from date of exam during all days of the scheduled delivery	

After receipt of the seven (7) documents, the Admissions Office will schedule the student in the next available delivery. The sponsoring department will be notified of the scheduled date.

Please note that any of the seven (7) documents can be submitted prior to the actual completion of the CPAT Exam.

Students MUST bring a copy of the department mission statement and organizational chart to the first day of class.

Students Must Show Drivers License and CPR card on the first day of class. Drivers License and CPR card must be valid throughout the course delivery.

EMERGENCY MEDICAL CARE TRAINING DOCUMENT

Prerequisite For Entry Into Fire Fighter –I-II Course

Applicant's Name (please print or type) _____

Applicant's Social Security Number or Student ID# _____

Fire Department Represented _____

Fire Fighter 1001 Class Date Assigned or Applied For: _____

In addition to having a current CPR card, the said applicant has received Emergency Medical Training that, at a minimum, addressed the following objectives adopted by the Mississippi Fire Personnel Minimum Standards and Certification Board (MSCB):

Define the principles of infection control and universal blood and body fluid precautions as prescribed for public safety workers by the Centers for Disease Control.

1. Demonstrate the use, decontamination, disinfection, and disposal of personal protective equipment used for protection from infection.
2. Demonstrate a primary survey for life-threatening injuries.
3. Identify three (3) types of external bleeding and characteristics of each type.
4. Demonstrate three (3) procedures for controlling external bleeding.
5. Identify characteristics and emergency medical care for thermal burns according to degree and severity.
6. Identify the emergency medical care for chemical burns, including chemical burns to the eyes.
7. Identify the symptoms and demonstrate emergency medical care of traumatic shock
8. Identify the symptoms and demonstrate emergency medical care for ingested poisons and drug overdoses.
9. Identify the method of contacting the poison control center serving the region.

Signature of Applicant

Signature of Fire Chief or Training Officer Date

Printed Name of Applicant

Printed Name of Fire Chief or Training Officer

Mississippi Fire Personnel Minimum Standards and Certification Board
Physical Examination Release Form-04 (Rev 12/2009)

Page 1 of 2

Student Name: _____ Last 4 Digits of SS#: _____

Sponsoring Fire Department: _____

Physician Examination Date: _____

Name of Doctor: _____

Office Address: _____

Phone Number: _____ Fax Number: _____

This document must be signed on page two (2) by either a Medical Doctor or Doctor of Osteopathy per NFPA 1582 4.4.1. The Medical Doctor or Doctor of Osteopathy shall consider the physical, physiological, intellectual, and psychological demands of the occupation when evaluating the student's ability to perform the essential job tasks.

The duties of a fire fighter include, but may not be limited to essential job tasks and performances of these activities:

- 1) Performing firefighting tasks (e.g. hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, 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 facepiece or HELPA filter masks, which requires the ability to tolerate increased respiratory workloads.
- 3) Depending on the local jurisdiction, climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 pounds (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 pounds (9 to 18 kg).
- 4) 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 degrees F (39 degrees C).
- 5) Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 pounds (90 kg) to safety despite hazardous conditions and low visibility.
- 6) Advancing water-filled hoselines up to 2-1/2 inches (65 mm) in diameter from fire apparatus to occupancy {approximately 150 feet (50 m)}, which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
- 7) 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.
- 8) 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.

Mississippi Fire Personnel Minimum Standards and Certification Board

Physical Examination Release Form-04 (Rev 12/2009)

Page 2 of 2

Student Name: _____ Exam Date: _____
 Last 4 Digits of SS# _____

- 9) Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.
- 10) Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces that are further aggravated by fatigue, flashing light, sirens, and other distractions.
- 11) Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines and/or fixed protection systems (sprinklers).
- 12) 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.

*(Elements taken from NFPA 1582 5.1.1)

Other activities may include, but are not limited to the following:

Driving Emergency Vehicles	Rescue Operations	Walking-lateral mobility
Bending	Crouching	Standing
Kneeling	Pushing	Running
Gripping, hands, and fingers	Sense of Touch	Climbing Ladders
Comprehending voice communications	Close vision	Side vision depth perception
Giving verbal communication	Finger Dexterity	Administering emergency care
Lifting, carrying, dragging 0-200 pounds	Walking, rough terrain	Stooping
Sitting	Standing long periods	Twisting body
Pulling	Crawling	Reaching
Climbing Stairs	Hearing alarms	Color ID
Far Vision	Night Vision	Operating passenger vehicles
Elevated temperatures above 250 degrees		

I hereby certify that I completed a physical examination of the above named student on the date identified above.

After reviewing all the information on these two pages, to include the list of firefighting duties and conditions, it is my medical opinion that this person **(check one)**

_____ **IS** _____ **IS NOT**

physically able to perform the duties of a fire fighter and participate in the Minimum Standards Training Course.

Physician's Name (typed or printed clearly): _____

This document must be signed by either a Medical Doctor or Doctor of Osteopathy per NFPA 1582 4.4.1.

Physician's Signature: _____

(Signature of M. D. or D. O.)

(Date)

Mississippi Fire Personnel Minimum Standards and Certification Board

#1 Fire Academy USA

Jackson MS 39208-9600

Phone: 601-932-2444

Fax: 601-932-2819

www.mid.state.ms.us/minstand

MISSISSIPPI STATE FIRE ACADEMY STUDENT ROLL SHEET

Course Name	Instructional Service Area	Course #	Crs Hrs.	EMT Hrs.	Start Date	End Date
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Host / Location	County	Dept. Code	Course Coordinator(Print)	Coordinator Signature
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Be sure each student has completed a Student ID Assignment Form

I waive any and all claims for myself or my heirs against the Academy, its officials or employees, which may result from my participation in the Fire Academy program. This waiver does not affect any rights I may have pursuant to the Workers Compensation Act or the Tort Claims Act. I hereby agree to follow all Academy Rules and Guidelines Governing Students.

Instructors: _____

Student Acknowledgement of Rules/Guidelines Governing Students and Waiver Statement On Reverse Side:

1	Student Name (Please Print)	Acknw., Waiver/ Rules: Stu. Init.	Attended MSFA Before? Y or N	Student ID# First 3 letters last name First 2 letters first name Last four digits of SS#	Org Type	Department or Organization	Department County	Dept. Code	Skills P or F	Numerical Score	C=Complete I=Incomplete D=Drop
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Org Type:	C= Municipal Fire Fighter	LE= Law Enforcement	D= Dispatcher
	V= Volunteer Fire Fighter	EM= Emergency Medical	O= Other (Federal, State, County, Tribal, International, Etc.)
		CD= Civil Defense	I= Industry (Fire, Rescue, Haz Mat)



Mississippi State Fire Academy Alumni Association Alumni Membership Application Form

Please complete the following information to be registered for membership in the MSFAAA. (Please return to: #1 Fire Academy USA, Jackson Ms. 39208-9600)

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip / Postal Code _____

Organization _____

Title / Rank _____

Email Address _____

Name of Last MSFA Class Attended: _____

Month / Date of Last MSFA class Attended: _____

Eligibility Requirements:

Any person who has taken an M.S.F.A. course on or off campus is eligible to join the M.S.F.A.A.A.

Mississippi Fire Personnel Minimum Standards and Certification Board

Application for Certification

Please Print or Type

Employee First Name:		M.I.		Last Name:	
Date of Birth:		Date of Employment:			
Social Security #:		Date of Application:			
Fire Department Serving:					
Fire Chief:		Department Phone #:			
Address:					
City:		State:		Zip Code:	
Level of Certification Requested:					

Complete the Training Information Below:

Include all fire related training courses relative to the level of certification being sought. Submit documentation when applicable. Students having completed an approved training program must submit proof of successful completion; students having completed a training program not approved by the MSCB may be required to submit further documentation prior to approval.

School Name	Course Title	Course Length	Date Completed

To the best of my knowledge and belief, the applicant meets all criteria for certification at the level being sought in this application.

_____ (Signature of Fire Chief or Designee) _____ (Date)

Have you ever been convicted of a Felony? Yes No
 If the answer is YES, Please explain:

I certify that the material contained in this application is a true and accurate description of my fire service training and experience, qualifying me for the certification sought in this application.

_____ (Signature of Applicant) _____ (Date)

WARNING: Mississippi Code as Annotated 97-7-10 Fraudulent statements and representations provides for severe penalties from misrepresentation or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

OFFICIAL USE ONLY: Certificate Number: _____ Date Certification Issued _____



2016 MISSISSIPPI STATE FIRE ACADEMY GENERAL ADMISSION APPLICATION

Replaces All Previous Editions.
http://www.msfa.ms.gov

Submit application to:
STATE FIRE ACADEMY
1 Fire Academy USA
Jackson, MS 39208-9600

Phone: 601-932-2444; Fax: 601-932-2819

Internal Office Use Only:
Pay Method: No Fee Bill-After Prepay CASH
CK/MO Date Paid
Total Remittance: \$
PO# INV#
Course Fee: \$ Dorm:
Course Date Assigned:

Duplicate form as needed. Please Print in Ink or Type Application:
Applicant, Chief or designee, and one witness must sign application for processing.

SECTION 1: APPLICANT INFORMATION

Last Name: First Name: M.I.: MSFA ID#:(3 letters last name-2 letters first name-last 4 digits of SS#)
Date of Birth And Age Age: Applicant Sex: Male Female Are you a high school graduate or have a GED? YES NO
Contact Phone Number: Current Position with Sponsoring Department Rank:
Years in Position: Hire Date: Applicant Status with Department/Organization: Career Volunteer Other
Student Email Address:

SECTION 2: SPONSORING DEPARTMENT/ORGANIZATION INFORMATION

Name of Sponsoring Department/Organization:
Address: Contact:
City, State: Zip: County:
Phone Number: Fax: Email:
CHECK ALL THAT APPLY
Status of Sponsoring Department or Organization: City, Federal or State Government Other-Describe
MS Municipal Fire Dept. Career Volunteer Combination Appointed Fire Investigator
MS County Fire Dept. Career Volunteer Combination
Industrial Organization For Profit Out of State Law Enforcement Dispatcher Emergency Management Other

SECTION 3: COURSE REGISTRATION AND DORM ACCOMODATIONS

Course Name: Course Code:
Requested Date: 1st Choice: 2nd Choice:
Pre-Requisites Required for this Course: NO YES-If Yes, complete section below:
List Course Pre-Requisite Certifying Agency Date Completed
Required Pre-Requisite One: Course: Agency Date Completed: (Attach copy of certificate)
Required Pre-Requisite Two: Course: Agency Date Completed: (Attach copy of certificate)
Do you want to reserve a dorm room? NO YES (If dorm fee is not included in course fee, add \$17 per night to course fee)

SECTION 4: APPLICANT - Briefly describe your activities or responsibilities as they relate to the course for which you are applying and identify how you will utilize the information obtained from the course.

[Empty text area for Section 4 response]

2016 MISSISSIPPI STATE FIRE ACADEMY GENERAL ADMISSION APPLICATION

Replaces All Previous Editions.
http://www.msfa.ms.gov

Applicant Name: (Last, First, Middle) _____

MSFA ID: _____

SECTION 5: FINANCIAL INFORMATION

Course Name:	Course Fee: \$
Is this a pre-payment required course? If Yes, attach a purchase order or check for the registration process. (Please check catalog course description if unsure.)	Dorm Fee: \$17 per night x _____ nights = \$ _____ (If applicable and not included in course fee)
Group A fee students represent: Mississippi Municipal (career or volunteer) fire departments, Mississippi County (career or volunteer) fire departments, emergency management, military personnel assigned full time to a Mississippi Base, state employees, arson investigators (County Fire Arson and Fire Investigator courses), and Choctaw Fire Department.	Meal Fee: \$12 per day x _____ days = \$ _____ (If applicable and not included in course fee)
Group B fee students represent: Industrial organizations, federal affiliates, out-of-state students, for-profit entities, law enforcement, medical entities, dispatchers, etc.	Book Fee: \$ _____ (If applicable and not included in course fee)
TOTAL COURSE FEE: \$ _____	

SECTION 6: SPONSORING DEPARTMENT ACKNOWLEDGEMENT OF APPLICANT PROCESS AND FINANCIAL OBLIGATIONS

Signature of approval by chief of fire department or head of organization for applicant to attend course listed. Acknowledgement that a course processing fee of \$40 will be charged for all substitutions or cancellations. Additionally, if applicant does not show up for a registered course (regardless of financial responsibility), a fee of \$60 will be charged to the sponsoring department/organization. The course fee will be due and paid by organization listed in Section 2 unless marked otherwise below (except the processing fee or no show fee).

Signature of Chief or Designee: _____	Please Check One: <input type="checkbox"/> Department Responsible OR <input type="checkbox"/> Student Responsible
Printed Name: _____ Title/Date: _____	Note: If student is responsible, payment must be received 30 days prior to course begin date or student will be removed from the course delivery.

SECTION 7: APPLICANT ENDORSEMENT AND CERTIFICATION

Do you have any medical conditions which would require special consideration during your attendance? (See American Disabilities Act Federal Regulations in catalog on Rules and Guidelines Governing Students.)

NO YES-Explain: _____

- A. I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the State Fire Academy of Mississippi if I am admitted as a student. Falsification of information may result in denial of admission or a course certification.
- B. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in writing from said chief officer or designee.
- C. I understand that the State Fire Academy of Mississippi is not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.
- D. I have read and understand all rules and guidelines listed in the catalog governing all students.

WAIVER...While attending for the purpose of instruction in the State Fire Academy's program, (**course name**) _____ and desiring to obtain practical experience by acting in various capacities on the fire apparatus, trucks, and other equipment in connection with

my instruction, I (**PRINT NAME**) _____ do hereby relieve the State Fire Academy and all agencies or individuals furnishing equipment or services in connection with said school as well as any fellow student or instructor from any and all liability or any sort or nature whatsoever that might arise or occur as a result of any accident, injury, or damage to me during my participation in the course conducted by the State Fire Academy and do, by my presence, assume whatever risk, apparent and unapparent, that training of this entails.

I understand that the nature of the tasks a fire fighter will be called upon to perform requires a high degree of physical fitness, agility, and dexterity. The instruction I will receive at the State Fire Academy will, therefore, include rigorous exercises which will require physical fitness, strength, and stamina. I waive any and all claims for myself or my heirs against the Academy, its officials or employees, which may result from my participation in the Fire Academy program. This waiver does not affect any rights I may have pursuant to the Workers Compensation Act or the Tort Claims Act. I hereby agree to follow all Academy Rules and Guidelines Governing Students.

IN WITNESS WHEREOF, I AM SIGNING THIS WAIVER IN THE PRESENCE OF THE UNDERSIGNED WITNESS:

Witness Signature: _____	Applicant Signature/Date: _____
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