

MS FIRE ACADEMY FIELD DELIVERY REQUEST (REV 9/2021)

Requesting Department:	
Address and City:	
Phone Number:	Fax Number:
Email:	Contact Person:
*List additional participating departments on Pg. 2	
Please indicate which course you are requesting	
<p><u>Certification:</u></p> <p><input type="checkbox"/> 1072 Hazardous Materials: A & O</p> <p><input type="checkbox"/> 1001 Fire Fighter I-II</p>	
<p>Type of Delivery Requested: (please indicate)</p> <p>_____Combination-Academy staff and host department share instructional duties.</p> <p>_____Contract- Academy staff to deliver and test course.</p> <p>_____Department to provide instruction and Academy staff will administer test.</p> <p>_____Academy staff to designate contract workers (Associate Instructors) to deliver program and Academy staff will proctor final skills/testing. (Usually, grant funded course)</p>	
<p>Documentation Required to Continue this field delivery request:</p> <p>___ Signed MS Fire Academy Field Delivery Request form from host department</p> <p>___ Completed MSFA Roll Sheet (Please print or type student names and departments)</p> <p>___ Projected Field Delivery Start Date: _____</p> <p>___ Students from Other Departments will Participate (Department Names): _____</p>	
Chief Signature:	Training Officer Signature:
<p>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.</p>	

MS FIRE ACADEMY FIELD DELIVERY REQUEST (Rev 3/2012)

Participating Department:	
Address and City:	
Phone Number:	Fax Number:
Email:	Contact Person:

Participating Department:	
Address and City:	
Phone Number:	Fax Number:
Email:	Contact Person:

Participating Department:	
Address and City:	
Phone Number:	Fax Number:
Email:	Contact Person:

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Participating Department:	
Address and City:	
Phone Number:	Fax Number:
Email:	Contact Person:

MISSISSIPPI STATE FIRE ACADEMY STUDENT ROLL SHEET

Course Name	Instructional Service Area	Course #	Crs Hrs.	EMT Hrs.	Start Date	End Date
Host / Location	County	Dept. Code	Course Coordinator(Print)		Coordinator Signature	

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 V= Volunteer Fire Fighter	LE= Law Enforcement EM= Emergency Medical CD= Civil Defense	D= Dispatcher O= Other (Federal, State, County, Tribal, International, Etc.) I= Industry (Fire, Rescue, Haz Mat)
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DOCUMENT CHECKLIST – FIRE FIGHTER 1001-I-II

Name of Applicant: _____

Contact Person: _____

Department: _____

The following eight (8) 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 a valid 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 Mississippi Trainee Agility Test (MSTAT) (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	
8	Verification of successful completion of Hazardous Materials: Awareness and Operations (NFPA 1072)	

After receipt of the eight (8) documents, the Admissions Office will schedule the student in the next available delivery. The sponsoring department will be notified of the scheduled date.

There is no order in which these 8 documents must be submitted.

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



2022 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]

2022 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

Table with 2 columns: Fee Name, Amount. Rows include Course Name, Course Fee, Dorm Fee, Meal Fee, Book Fee, and 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.

Signature of Chief or Designee:
Printed Name:
Title/Date:

Please Check One:
[] Department Responsible OR [] Student Responsible
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.
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.
C. I understand that the State Fire Academy of Mississippi is not authorized to provide medical or health insurance for students.
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:

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

Application for Certification

Please Print or Type

Employee First Name:		M.I.		Last Name:	
Social Security #:		Date of Employment:			
Date of Birth:		Date of This Application:			
Current Position:	<input type="checkbox"/> Career Fire Fighter <input type="checkbox"/> Volunteer Fire Fighter <input type="checkbox"/> Other (please specify)				
Fire Department Serving:					
Fire Chief:		Department Phone #:			
Dept. 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. Students are responsible for obtaining and submitting all requested documents. The Board is not responsible for obtaining documents needed for reciprocity consideration.

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)

Fire Department (Career and Volunteer) Work History

Include Dept. Name/Address/Phone #/Name of Contact/Dates of Employment (Use attachments if necessary.)

1. _____
2. _____

Have you ever been convicted of a Felony? () YES () NO

If the answer is YES, please attach a written statement explaining the circumstances and attach a copy of court and/or law enforcement documents regarding your charges/conviction/sentencing.

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 provide 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.

Mississippi Fire Personnel Minimum Standards and Certification Board
Physical Examination Release Form-04 (Rev 2/2018)

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 4.1.4. 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 Fire Personnel Minimum Standards and Certification Board Personnel Action Form

A Personnel Action Form ***must*** be completed for ***all*** newly hired paid employees, and for volunteer fire fighters pursuing Mississippi's NFPA 1001-I/II Certification Program. Complete ***all*** information below and forward to the MSCB Office within thirty (30) days of hiring a paid firefighter, or of a volunteer firefighter expressing intentions to pursue NFPA 1001 I/II training.

Social Security Number (Last 4 digits required)		Today's Date:	
<u>Career Fire Fighter</u>		<u>Volunteer Fire Fighter</u>	
Date of Current Employment:		Date of Entry:	
Full Time or Part Time Status:			
Employee's First Name	M.I.	Last Name	Date of Birth
Street Address:			
City:	State:	Zip Code:	Phone Number:

Fire Department Name & Address		
Fire Chief/Director	Fire Department Phone Number	Fire Department Fax Number

Has this employee/volunteer ever been convicted of a felony? Yes No

*If the answer is YES, please attach a written statement from the employee explaining the circumstances, **and** attach a copy of court and/or law enforcement documents regarding the charges/conviction/sentencing.*

Does the employee possess an NFPA 1001- I & II certification? Yes No
 Is the certification from in-state or out-of-state? In-State Out-of-State
 Is the certification IFSAC, Pro Board, or MSCB? IFSAC Pro Board
 MSCB None

Fire Department (Career and Volunteer) Work History: (use attachments if necessary) Dept. Name/Address/Phone #/Name of Contact/Dates of Employment

Has the employee been separated from the Fire Service?
 1. Under two (2) years? Yes No
 2. Two (2) to Five (5) years? Yes No
 3. Over (5) years? Yes No

(Signature of Fire Chief/Director or Designee)

Date

WARNING: Mississippi Code as Annotated 97-7-10 Fraudulent statements and representations provide 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.

Mississippi Code 1972 as Annotated §45-11-253 empowers the Board to require the submission of reports and information by fire service agencies for the administration of §45-11-251 and §45-11-253.

Minimum Standards & Certification Board #1 Fire Academy USA, Jackson, MS 39208-9600
Tel: 601-932-2444 www.mid.ms.gov/minstand Fax: 601-932-2819