

Application Materials for Firefighter

Program Requirements

- All students must be at least 18 years of age by the first day of class.
- A high school diploma, GED or higher degree is required to enter this program.
- Students must have completed a **First Responder, EMT-B or Paramedic** training course.
- Students must be a non-user of tobacco or tobacco products **at least one year** preceding application submission.
- Students must successfully pass the Physical Agility Test and attend a mandatory Orientation to enter this program.

Classes take place on our FCTC Public Safety Campus located at 3640 Gaines Road, St. Augustine.

Firefighter II ONLY Applicants: Additional Program Requirements

- Students must have completed a **Firefighter I** training course. Students must submit a Firefighter I Certificate or official transcripts.
- Students must successfully pass the Physical Agility Test, pass a Firefighter I written test, pass a practical knots test and attend a mandatory Orientation to enter this program.

Florida Statutes have specific requirements for Firefighter Certification. FCTC recommends that you review the statute to make sure you will be able to obtain certification before deciding to apply.

Refer to 633.412 Firefighters: qualifications for certification <https://m.flsenate.gov/Statutes/633.412>

CONVICTED AND/OR REGISTERED SEXUAL OFFENDERS OR ANYONE WITH A FELONY DRUG CONVICTION WILL NOT BE ADMITTED TO THIS PROGRAM. It is recommended, if you have a misdemeanor or felony on your record, to contact the Florida Bureau of Fire Standards and Training FireCollegeStandards@MyFloridaCFO.com (352) 369-2812 to determine if you are eligible to obtain a State of Florida Certification.

If you meet the above requirements, please continue with the Application Checklist.

All students are encouraged to review the HOW TO ENROLL steps at <https://fctc.edu/enroll/>.

Application Checklist

The following are required for a complete application packet.

Please submit documents in PDF format; Public Safety will NOT accept JPG files.

- ☐ Request your **final official sealed high school or GED transcripts**. If you have an Associate degree or higher, this can be sent in lieu of high school or GED transcripts. Go to <https://fctc.edu/transcripts/> to learn how to submit your final official transcripts. ***If you do not have a high school diploma, please contact Recruiter@FCTC.edu to learn how to move forward.**
 - Once your official transcripts have been reviewed, you will receive an email detailing next steps. You will be notified if you need to schedule and take the CASAS assessment test. CASAS scores must be on file unless you meet the basic skills exemption requirement. *See below regarding accommodations.*
- ☐ When your transcripts are reviewed and uploaded, FCTC will send you an **Online Application** through your FOCUS account. Complete your online application and submit.
- ☐ A copy of your **high school, GED or higher degree Diploma** which is a Fire Bureau requirement.
- ☐ Copy of current valid **driver's license** or **government-issued identification**
- ☐ Proof of **EMT, Paramedic or First Responder completion**: certificate, transcript or license.
- ☐ **Notarized Tobacco Affidavit**
- ☐ **Medical Examination form**
- ☐ Complete **Florida Residency Affidavit for Tuition Purposes** and provide copies of two qualifying documents to prove residency.
- ☐ Application documents should be uploaded to your FOCUS account. Please see **IMPORTANT STUDENT LINKS** in your FOCUS account portal and click on **How to upload documents to FCTC.**

Students who wish to submit a printed application packet should turn in documents to FCTC Main Campus, 2980 Collins Avenue, St. Augustine, FL 32084. Go to Building A and give documents to the Receptionist. Business hours are Monday through Friday, 7:30 am – 4 pm.

**Students should keep a copy of the completed supporting documents for their records.
Students will need these documents to begin clinicals.**

Auxiliary Aid and Accommodations

FCTC provides auxiliary aids and services for persons with disabilities. If you need assistance during the course of your study, please visit Student Advising in Building A at the FCTC Main Campus or email StudentAdvising@FCTC.edu.

FCTC does not make inquiries of a student concerning a disability or accommodations. Students with a disability, IEP or 504, etc. that are requesting special accommodations must meet with a student advisor and identify themselves prior to assessments and the beginning of classes. Self-advocacy is highly suggested. Please refer to the Student Handbook.

It is the responsibility of the student to ensure all paperwork has been submitted to Admissions.

Your application packet will be processed in the order it was received. Allow minimum of 15 business days for application processing. More time may be required during high volume periods.

Admissions will email a request for missing information and documents. Please respond promptly.

Once your application packet is complete, you will be contacted to pay the application and agility fees. Following the application deadline for each program, students will receive an email detailing instructions for the Physical Agility Assessment Evaluation.

Students who successfully pass the agility test will be required to attend a **mandatory** orientation to be considered for acceptance into the program. Acceptance emails are sent after orientation containing registration details. Students who do not attend and pass agility or who do not attend the mandatory orientation will be contacted by staff to discuss enrollment options.

Seats are limited and fill on a first-come, first-served basis. Please apply early. When/if a program is full, students will be emailed about Waitlist opportunities and next steps.

FCTC's primary method of communication is via email. Be sure to check your emails including spam/junk.

Contact Admissions@fctc.edu if you have questions.

Physical Agility Assessment Evaluation **Separate fees apply*

Applicants with a completed application packet will be contacted to pay the agility assessment fee.

Applicants must successfully pass a two-part Physical Agility Assessment Evaluation prior to admittance into the program. This evaluation will be administered prior to orientation. To view the FCTC Fire Agility Test video, click <https://vimeo.com/463086617/07a28d2634>

Applicants will be notified of date and time of Physical Agility Assessment Evaluation **by email**.

- Failure of any evaluation will result in denial of admission into the program.
- No second attempts will be allowed on any of the events listed below.
- One Physical Agility Assessment Evaluation will be held per enrollment cycle. Space is limited.
- Passing evaluation scores are valid for one calendar year.

PART 1: Aerobic Capacity Test: Walk two miles while wearing a self-contained breathing apparatus (SCBA) within 30 minutes or less.

PART 2: On-Target Combat Task Test: All tasks must be completed within 7 minutes or less while wearing a SCBA.

1. High-Rise Stair Climb – Ascend the exterior stairwell to the 5th floor while carrying a section of 2½” hose.
2. Hose Hoist – Hoist a roll of 2½” hose to the 5th floor window using a rope and place the hose roll inside the window.
3. Forcible Entry – Drive a slide 5 feet utilizing a 12-pound sledgehammer.
4. Hose Advance – Drag a 135-pound weighted hose simulation for a total of 75 feet.
5. Victim Rescue – Drag a 165-pound victim for a total of 100 feet while walking backward.

TOBACCO AFFIDAVIT

Florida State Statute 633.412 Firefighters; qualifications for certification states:

- (1) A person applying for certification as a firefighter must:
- (f) be a nonuser of tobacco or tobacco products for at least 1 year immediately preceding application, as evidenced by the sworn affidavit of the applicant.

Name

First Full Middle Last Maiden/Other Names

Address

Street Apt/Unit Number City

County State Zip

Contact Phone Email

I confirm I have been a nonuser of tobacco or tobacco products for a least one (1) year immediately preceding this application as required by Florida State Statute 633.412

Signature (Sign in front of notary)

Date

***The Tobacco Affidavit is valid for 12 months from the date student signs.**

NOTARIZED

STATE OF FLORIDA

COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or

☐ online notarization this day of , 20 ,

by (name of person making statement).

Personally Known or Produced identification

Type of Identification Produced

Notary Public Signature

Commission expires:


AFFIX SEAL ABOVE

PLEASE TAKE THE FOLLOWING THREE PAGES TO YOUR DOCTOR FOR COMPLETION:

SUGGESTIONS FOR COMPLETING THE FIRE MEDICAL FORM:

- PRINT CLEARLY AND LEGIBLY (student and Doctor/PA)
- Leave the Student ID BLANK
- Training Center: First Coast Technical College
- The Doctor/PA will put their signature in only ONE box below. **NO** notes allowed on this form or in the boxes.

Student
Completes
Top of
Form



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

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

Please print legibly.

NAME: LAST FIRST MI

Leave Blank

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. The examination is required by section 633.412, F.S., before an individual starts firefighter training.

This medical examination must be completed by a physician, surgeon, or physician's assistant licensed to practice in this state pursuant to chapter 458, F.S.; or a podiatrist, physician, surgeon, or physician's assistant licensed to practice in this state pursuant to chapter 464, F.S.; or an advanced practice registered nurse licensed to practice in this state pursuant to chapter 464, F.S.

Such examination must include, at a minimum, the following:

Dermatological system, Cardiovascular system	Ears, eyes, nose, mouth, throat
Clinical evaluation of 12 lead ECG	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. <u>The applicant is medically fit to engage in firefighter training.</u>	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. <u>The applicant is not medically fit for firefighter training.</u>
Signature _____	Signature _____

Completion Required (please print)

Name of medical professional signing _____
 Office address _____

Date signed _____
 Office telephone number _____

Doctor
Completes
Bottom of
Form

**Doctor's signature in only
one box, NOT BOTH**

No notes allowed on this form



DEPARTMENT OF FINANCIAL SERVICES
Division of 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. The examination is required by section 633.412, F.S., before an individual starts firefighter training.

This medical examination must be completed by a physician, surgeon, or physician's assistant licensed to practice in this state pursuant to chapter 458, F.S.; or an osteopathic physician, surgeon, or physician's assistant licensed to practice in this state pursuant to chapter 459, F.S.; or an advanced practice registered nurse licensed to practice in this state pursuant to chapter 464, F.S.

Such examination must include, at a minimum, the following:

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.

Signature_____

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_____

Completion Required (please print)

Name of medical professional signing form

Date signed

Office address

Office telephone number

Essential Job Tasks and Descriptions from NFPA 1582, 2018 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. (5.1.1.1)
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. (5.1.1.2)
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. (5.1.1.3)
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. (5.1.1.4)
5. Wearing fire protective ensemble that is encapsulating and insulated and SCBA, 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). (5.1.1.5)
6. Wearing personal protective ensemble and SCBA, 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. (5.1.1.6)
7. Wearing personal protective ensemble and SCBA, 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. (5.1.1.7)
8. Wearing personal protective ensemble and SCBA, 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. (5.1.1.8)
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. (5.1.1.9)
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens. (5.1.1.10)
11. Performing critical, time-sensitive, and 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. (5.1.1.11)
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, and hear and locate the source of calls for assistance from victims or other firefighters. (5.1.1.12)
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. (5.1.1.13)

Public Safety – Medical & Professional History

Please complete this form if you have medical and/or public safety training/experience.
If this information does not apply to you, disregard this form.

Name _____

Phone _____ Email _____

Prior Medical Training

☐ Yes

☐ No

If yes, please provide details.

School _____

Program/Degree/Certificate _____

City _____ State _____

Highest Level of Emergency Certification

☐ First Responder

☐ EMT

☐ Paramedic

List any current or previous public safety experience.

Are you affiliated with a Fire Department?

☐ Yes

☐ No

If yes, please provide details.

Department Name _____

Contact Person _____

Phone _____ Email _____