

Firefighter I & II Hazmat Block

Contact

Hampton Williams, Fire/Rescue Training Coordinator, 919-777-7778

Class Location Facilities

Lee County
Emergency Services Training Center
3000 Airport Road, Sanford, NC

Welcome

Thank you for your interest in enrolling in Central Carolina Community College's Firefighter Academy. The purpose of this packet is to inform you of the requirements and steps you need to take to enroll in the program. If at any time you have questions about the program or requirements, please call Hampton Williams at the number provided above. Please read this packet in its entirety before completing the application forms.

Enrollment Steps

- ✓ **Review this packet. It will provide you with important enrollment information and program requirements.**
- ✓ **Complete the [Fire Academy Application](#).**
- ✓ **Schedule and Take a TABE Test**
- ✓ **Submit a Medical Examination Report with Medical History and Release of Liability Paperwork.**
- ✓ **Be in sufficient physical condition to pass the Physical Requirements Test.**
- ✓ **Submit a Letter of Membership with Fire Department Affiliation to have fees waived or make a payment to complete your registration and secure your seat in class.**

About the Program & Schedule

1. Our program is a 6 month program consisting of around 600 hours of fire specific training and 250 hours of technical rescue training. An EMT course is offered following the fire academy which is an additional 320 hrs.
2. This is a full-time class meeting 8:00 a.m. – 5:00 p.m. Monday through Thursday and 8:00 a.m. – 3:00 p.m. on Friday.
3. Academy graduates may receive the following credentials:
 - a. Firefighter/HAZMAT Level One Responder- Hazardous material FIP-3000
 - b. Technical Rescuer FIP-6500
 - c. Technical Rescue/Vehicle Rescue FIP-5710
 - d. Emergency Vehicle Driver FIP-3601
 - e. Incident Command System NIMS 100/200/700/800
 - f. NC Rapid Intervention Crew FIP-6409

Costs

1. Tuition is \$695 unless tuition exempt.
2. Accident insurance \$1.10. This fee cannot be waived.
3. Uniforms are approximately \$300 depending on size and number purchased.

Pre-requisites

1. Students must have either a high school diploma, high school equivalency diploma (GED) or provide college transcripts.
2. Students must complete a reading, TABE placement exam. Call 919-777-7776 to schedule your placement test.

Textbook

1. Current edition IFSTA Manual

Physical Requirements

Students should be in proper physical shape and able to complete the following prior to the start of class:

1. Run 1.5 mile in under 15 minutes
2. Complete 25 pushups within one minute
3. Complete 25 sit-ups within one minute
4. Climb four flights of stairs carrying a pack weighing approximately 40 pounds
5. Hoist a 50' section of fire hose approximately ten feet.
6. Climb a 35 foot ladder.
7. Carry two gas powered chain saws 150 feet.
8. Advance a charged hose line 75 feet.
9. Drag a 165 pound mannequin 75 feet.

Firefighter Academy Program Documents Checklist

Checklist of Documentation Needed Prior to Enrollment

- Firefighter Academy Application
- Copy of High School Diploma, High School Equivalency (GED), or College Transcript
- Letter of Verification of Membership/Department Affiliation
- Medical History Statement
- Medical Examination Report
- Accuplacer Test and/or TABE scores
- Release of Liability Form (includes physical requirements acknowledgment)
- Signed Policies, Rules and Regulation Letter (Form is included in the Firefighter Academy Handbook)

Once you have provided all required documentation, you will finalize your enrollment by paying for your class. If you are eligible for a public safety fee waiver, you will still be required to pay the accident insurance fee at the beginning of each course/semester. ***You are officially registered when all documentation is received and payment is made. Payments can be made in person at the Emergency Services Training Center, 3000 Airport Road, Sanford, NC.***

Return documents electronically to:
Central Carolina Community College
Attn: Hampton Williams
Email: hwilliams@cccc.edu
Fax: 919-777-7769

Hand Deliver to:
Emergency Services Training Center
3000 Airport Road, Sanford, NC, 27332

Mail to:
Central Carolina Community College
Attn: ESTC – Fire Academy Enrollment
1105 Kelly Drive
Sanford, NC 27330

LETTER OF MEMBERSHIP

**TO: Fire/Rescue Coordinator
Central Carolina Community College**

Please admit the individual named below to Central Carolina Community College’s Firefighter Academy under membership of the below names fire service agency.

By requesting the admission of this individual, I attest that I am aware of nothing in this person’s character or reputation that would bring discredit upon my agency, fire service, or Central Carolina Community College.

*****In addition to this form, I am also enclosing a letter of membership written on our agency letterhead for registration purposes.**

Officer Signature: _____ Date: _____

Agency: _____ Phone Number: _____

Print Full Name of Student: _____

Student Signature: _____ Date: _____

Return documents electronically to:
Central Carolina Community College
Attn: Hampton Williams
Email: hwilliams@cccc.edu
Fax: 919-777-7769

Hand Deliver to:
Emergency Services Training Center
3000 Airport Road, Sanford, NC, 27332

Mail to:
Central Carolina Community College
Attn: ESTC – Fire Academy Enrollment
1105 Kelly Drive
Sanford, NC 27330

Firefighter Academy Application
Central Carolina Community College
1105 Kelly Drive, Sanford, N.C. 27330
ATTENTION: FIREFIGHTER ACADEMY
Rescue Coordinator
919-777-7778

Please print legibly or type:

I. Applicant Personal Information

Name _____
Last First Middle Preferred Name

Address: _____
Street City State ZIP

Telephone: _____
(Home) (Work) (Cell)

E-mail: _____

Are you 18 years or older: _____ Date of Birth: _____

How did you learn about the Firefighter Academy? _____

II. Educational Experience

High School _____
Name City County State

Years Completed: _____

Technical School / College _____
Name City State

Course Major _____ Degree _____ Years

College / University _____
Name City State

Course Major _____ Degree _____ Years

Graduate / Professional School _____
Name City State

Are you currently affiliated with a fire or rescue department? _____

If yes, list Department Affiliation: _____
Name City/Town State

List other course, workshops, and educational experience which relate to firefighting: _____

III. References

Name: _____ Relation: _____ Phone# _____

Name: _____ Relation: _____ Phone# _____

Name: _____ Relation: _____ Phone# _____

I certify that the answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for the CCCC Firefighter Academy as may be necessary in arriving at an acceptance to the Academy. In the event of acceptance to the Academy, I understand that false or misleading information given in my application or interview(s) may result in discharge from the Academy. I understand, also, that I am required to abide by all policies and procedures of Central Carolina Community College. Entrance to the Firefighter Academy will be contingent upon satisfactory completion of a Test of Adult Basic Education (TABE) test. I also authorize the use of any photos or other media that may be taken during the Academy for the use of advertising the Firefighter Academy now and in the future.

Signature

Date

Equal Opportunity Information

State and Federal regulations prohibit discrimination based on race, sex, color, age, or handicap. The information requested below will in no way affect you as an applicant; its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

* Your application for the Academy is NOT considered complete unless this form is filled out.

Date of Birth _____

SEX _____

Ethnic Group

_____ White

_____ African – American

_____ American Indian (Including Alaskan Native)

_____ Hispanic

_____ Asian

_____ Other (Please explain _____)

Before Submitting Your Application Please Check to See that You Have:

1. List your ZIP code correctly.
2. Completed section for equal opportunity information.
3. Given complete information on your education.
4. Signed and dated your application.

MEDICAL HISTORY STATEMENT

PAYMENT FOR SERVICES RENDERED IS THE RESPONSIBILITY OF THE INDIVIDUAL

INSTRUCTIONS:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the school director.

DATE: _____

NAME: _____ DATE OF BIRTH: _____
Last First Middle

ADDRESS: _____
Address City State Zip Code

TELEPHONE #: _____ SS # _____ - _____ - _____

CURRENT MEDICATIONS

Prescription Medications: (Include pain relievers, birth control pills, etc.)

Over the Counter Medications: (Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

ALLERGIES

Drug Allergies: (Include your reaction to the medication)

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

FAMILY HISTORY

Have any of your parents, brothers, or sisters suffered from: [check all that apply]

- Diabetes
- Heart problems
- High blood pressure
- Arthritis
- Neurologic or psychological problems (Seizures, depression, schizophrenia, etc.)

PAST MEDICAL HISTORY

List **ALL** hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to you]

- 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington’s chorea, peripheral neuropathy and others?
- 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post-traumatic stress disorder and others?
- 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere’s disease, moderate to severe hearing loss in one or both ears and others?
- 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud’s disease and others?
- 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn’s disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

MALES ONLY:

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

FEMALES ONLY:

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

IMMUNIZATIONS

- 21. Must provide records of Hepatitis B vaccination, TB screening (PPD), Measles & Mumps (MMR) and Tetanus (TDAP)

QUALIFIED MEDICAL PROFESSIONAL REVIEW:

Signature of Qualified Medical Professional
(Use Ink)

Date Reviewed

Name, Title and Address of qualified medical professional completing review – **PLEASE TYPE**

MEDICAL EXAMINATION REPORT

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS.

PAYMENT FOR SERVICES RENDERED IS THE RESPONSIBILITY OF THE INDIVIDUAL

INSTRUCTIONS:

To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the school director.

DATE: _____ SOCIAL SECURITY # _____ - _____ - _____

NAME: _____ DATE OF BIRTH _____
Last First Middle

EMPLOYING AGENCY: _____

Height: _____ Weight: _____

VISION

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

Color Perception: " Normal " Abnormal: _____

Peripheral Vision: " Normal " Abnormal: _____

HEARING

Hearing Acuity: " - Audiogram - or - " 15' whispered conversation (check one)

Right ear: " - Normal " - Abnormal: _____

Left Ear: " - Normal " - Abnormal: _____

CARDIOVASCULAR

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: Normal Abnormal: _____

Peripheral Circulation: Normal Abnormal: _____

ECG: Indicated by hx or exam: _____ (If resting pulse is less than 50 or greater than 100)

(CONTINUED)

ABNORMAL FINDINGS

HEENT: _____
LUNGS: _____
ABDOMEN: _____
MUSCULOSKELETAL: _____
GENITOURINARY: _____
NEUROLOGICAL: _____
SKIN: _____

URINALYSIS Normal Abnormal: _____
TB SKIN TEST Millimeters of Induration _____

Are there any conditions, physical, emotional or mental, which, in your opinion, suggest further examination?

No Yes:

Do you have any reservations about this candidate's ability to physically perform required duties?

No Yes:

Signature of Qualified Medical Professional

Date

Name and Address of Qualified Medical Professional (PLEASE PRINT)

**Central Carolina Community College
FIREFIGHTER ACADEMY
RELEASE OF LIABILITY FORM**

WHEREAS, the undersigned has applied for acceptance to the Firefighter Academy at Central Carolina Community College; and

WHEREAS, the undersigned acknowledges that a firefighter must be in certain physical condition in order to perform his or her duties; and

WHEREAS, the undersigned acknowledges that he or she may receive certain physical injuries from participating in the Firefighter Academy; and

WHEREAS, In consideration of the Firefighter Academy at Central Carolina Community College considering my application for the Firefighter Academy, I acknowledge that by signing this document, I release Central Carolina Community College and their officers, officials and employees and agents from any liability whatsoever. I agree to hold harmless on behalf of myself, my heirs, executors, administrators, legal representatives, assignees and successors in interest from any and all rights which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with or arising out of my participation in or with the tests used in the firefighter' selection process; and

WHEREAS, I acknowledge that I will be required to participate in the following physical tests and other practical activities during the firefighter academy (live fire, ladder, scba, hose training etc.); and

1. Run 1.5 mile in under 15 minutes
2. Complete 25 pushups within one minute.
3. Complete 25 sit-ups within one minute.
4. Climb four flights of stairs carrying a pack weighing approximately 40 pounds.
5. Hoist a 50' section of fire hose approximately ten feet.
6. Climb a 35 foot ladder.
7. Carry two gas powered chain saws 150 feet.
8. Advance a charged hose line 75 feet.
9. Drag a 165 pound mannequin 75 feet.

WHEREAS, the undersigned acknowledges that successfully completing these tests in no way guarantees successful completion of the Firefighter Academy; and

WHEREAS, this release form has legal consequences; I have read it carefully before signing it.

Signature _____ Date _____

This section to be completed by a Notary Public

I, _____, a Notary Public for the State of _____, County of _____, do hereby certify

that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20__.

Notary Public _____ My Commission Expires: _____

(Official Seal)

Central Carolina Community College Fire Academy

Fire Academy Policies, Rules and Regulations

I, _____, acknowledge that I have read, understand,
and agree to the rules and regulations set forth in my Recruit Guide.

Name (print)

Signature

Date

School Director/QA

Date