



OFFICE OF THE STATE FIRE COMMISSIONER
 PENNSYLVANIA STATE FIRE ACADEMY
 1150 RIVERSIDE DRIVE
 LEWISTOWN, PA 17044



Resident Course Application

Last Name: _____ First Name: _____ M.I.: _____

Social Security No.: _____ Date of Birth: _____ Age: _____
 (complete SS# is optional – last 4-digits is required)

Street Address: _____ County: _____

City: _____ State: _____ Zip: _____

Email Address: _____

-(____) _____ -(____) _____ -(____) _____
 Work Phone # Home Phone # Other Phone # (Cell, pager, etc.)

List any conditions (including allergies/medical) that could require special consideration while attending the Academy: _____

Have you attached your Medical Evaluation Form to this application? Refer to back of application
 Yes _____ No _____

COURSE DATA

Course Title/Code _____ Course Dates _____

MEMBERSHIP DATA

Fire Department/
 Organization Affiliation: _____
 Members rank/title: _____ Status in organization(check one): Paid (career) Volunteer
 Is Organization located in Pennsylvania: Yes No If No, then what State: _____

This organization is: (check one) (Tuition Fee may apply – see details in course catalogue or website)
PUBLIC SECTOR: Municipal Fire Municipal EMS Municipal Police Municipal Gov't County Gov't
State Gov't PA National Guard District of Authority Other Public Sector (describe) _____
PRIVATE SECTOR: Industrial Other Private Sector (describe) _____
FEDERAL AGENCY: (includes military other than PA National Guard)

Request for Enrollment

I hereby request that I be enrolled in the course specified on this application. I have read and understand all procedures and policies on the back/2nd page and as part of this application. Upon acceptance I will report for the identified course on the specified dates with the required equipment as listed in the acceptance letter as an active member of the organization listed under “Membership Data” in which I have either the organization or individual health coverage. I will notify the Academy of any changes regarding the completed information on this application.

 Applicants Signature

 Date

Fire Department/Organization Authorization

I hereby certify that the applicant listed above will attend (if accepted) as a bona-fide member or employee representing the organization listed under “Membership Data”. I have read and understand all of the procedures and policies listed on the back/2nd page and as part of this application.

 Signature (Organization Official)

 Date

 Organization Name

 Print Name and Title

 Telephone Number of Organization

 Address of Organization

Medical Examination to Determine fitness for Firefighting Training: We **strongly recommend** all persons attending any class involving outside exercises to submit a “Medical Examination to Determine Fitness for Firefighting Training” with their resident application. This form can be found in our schedule or on our website at www.osfc.state.pa.us. Although this is not mandatory, we recommend this based on NFPA 1582 - Standard on Comprehensive Occupational Medical Program for Fire Departments, 2007 Edition.

Registration Procedures: Resident course applications will be accepted on the dates as stated on the resident schedule. All applications MUST be mailed (No Faxes). The PA State Fire Academy does not discriminate upon anyone by reason of age, race, sex, color, religious belief, sexual orientation, national origin or disability. Student selection will be based on the date the completed application and required prerequisite documentation is received at the Academy. All applicants will receive a letter notifying them of their status within a six (6) week period of the dated application. If a sufficient number of acceptable applications are not received two (2) weeks prior to the class “start date”, the class will be cancelled and all applicants will be notified of the class cancellation.

Enrollment in Academy courses is open to any member of an emergency services organization who is 18 years of age or older or a duly registered fire fighter apprentice youth. The student’s chief or other superior officer must sign the application in order to attest that the student:

- a. is attending as a representative of that organization and currently has either the organization or individual health coverage.
- b. is qualified to participate in the class listed on the application and has attached the required prerequisite(s).
- c. will attend with the proper equipment/protective clothing required for the class listed on the application.

Information provided by the applicant is not accessible to the general public. This information is used only for official use of the Pennsylvania State Fire Academy and the Office of the State Fire Commissioner.

Social Security Number (SS#): The social security number is used by the Academy for record keeping purposes only. Applicants that do not wish to list their complete SS# on the application are by law, not required to do so. However, the Academy does require that the last 4-digits of the applicants’ social security number be listed on the application in order for the student to register for any resident class.

Prerequisite Policy: If a course requires a prerequisite(s), a copy of the certificate(s) or proof of prerequisite(s) MUST be attached to the application; otherwise, the application will be returned which could delay the status of your application per the registration procedures. Prerequisite information can be found in our course catalogue or on our website (www.osfc.state.pa.us).

Student Cancellation/No Show Policy: Space in all PA State Fire Academy Resident classes is limited. There is usually a waiting list of applicants for each class. Therefore, any student already accepted into a resident class that needs to cancel their enrollment, MUST do so three (3) business days (Monday through Friday) prior to the class start date. All student cancellations must be in writing (letter/memo or email) explaining why they need to cancel their enrollment. This written documentation must be from the student or an authorized official from the representing organization ONLY. A student with an emergency may cancel via telephone (1800-459-4096 ext. 118 or 110), however, a follow-up letter/memo or email **must** still be submitted to the Academy within a two (2) week period of the telephone cancellation. Emergency is defined as a sudden or unexpected situation such as sickness or death. Failure to follow the Student Cancellation policy will result in a “No Show” status for the student.

No Show Policy: Any student already accepted into a resident class and then failing to attend without notification or failing to comply with the Student Cancellation policy will not be eligible to enroll in any other academy resident class for a period of one (1) year. If this occurs as a group from a single fire department or other organization, that department or organization will be likewise penalized.