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

PA State Fire Academy - Resident Course Application

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

Social Security No.:_____ Date of Birth:_____ Age:_____
(complete SS# with last 4-digits only)

Street Address:_____ County:_____

City:_____ State:_____ Zip:_____

Email Address:_____

_(____)_____ _(____)_____ _(____)_____
Daytime Phone # Nighttime Phone # Other Phone # (Cell, pager, etc.)

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

Is your Medical Evaluation Form attached to this application? Refer to back of application ____Yes ____No

COURSE DATA

Course Title/Code: _____

Course Dates: _____ _____ _____
1st choice 2nd choice 3rd choice

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 in 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 service 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 applicant:

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.

Applicants applying for a class that is offered multiple times throughout the year may pick class dates with 1st, 2nd and 3rd choices. If the 1st and/or 2nd choice(s) is full, the applicant will automatically be placed on the wait list for full class dates and accepted for any open class dates unless the applicant specifies differently.

Social Security Number (SS#): The Academy requires 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. Applicant information is used only for official use of the Pennsylvania State Fire Academy and the Office of the State Fire Commissioner.

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), 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.