

FIREFIGHTER I & II PROGRAM

1. All requirements listed under the heading "*General Admission Requirements*"
2. Must be at least 18 years old.
3. Complete and submit an enrollment application.
4. Complete and sign an enrollment agreement.
5. Submit a \$100.00 registration fee.
6. Provide proof of United States citizenship or residency
7. Submit payment for program tuition and applicable fees or secure funding for a career based loan.
8. Copy of a current Florida Driver License
9. Copy of your original social security card.
10. Pass the Firefighter Physical Agility Test (F-PAT) or have successfully completed the F-PAT within 12 months of program beginning.
11. Complete the application for Firefighter Certification Examination, Bureau of Fire Standards and Training Form (DFS-K4-1016), attach a check or money order, in the amount of \$30.00, made payable to The Department of Financial Services.
12. Go to PearsonVue and complete the fingerprinting form and pay applicable fees directly to PearsonVue. Bring the digital fingerprint confirmation back to the institution along with the DFS-K4-1016, the DFS-K4-1022 and the check for \$30.00 made out to the Department of Financial Services.
13. Complete the Hold Harmless Agreement. Form must be signed and notarized. Return form to student services.
14. Obtain approved firefighting gear prior to the class start. Students may opt to rent gear from a local vendor or school.
15. Complete and pass the Medical Examination (form DFS-K4-1022). Examination must take be dated within six months of the class start date. You must fill out all lines on the form leaving nothing blank. Forms that are not filed out properly or are outdated forms will not be accepted.
16. Provide proof of current tetanus vaccination.
17. Students must be able to pass a background check. A student may not have a felony or misdemeanor conviction as per the Florida Bureau of Fire Standards and Florida Statute.



Medical Career Institute

Training Tomorrow's Professional

Medical Career Institute
27975 Old 41 Road, Suite 201
Bonita Springs, FL 34135
Office: (239) 992-4MCI
Fax: (239) 405-8024

Student Application Please Print Clearly

Non Refundable Registration fee \$100.00

First Name:	Last Name:
Home Phone:	Cell Phone:
E-Mail Address:	

Home Address		Mailing Address (If Different)	
Street:		Street:	
Apartment #:		Apartment #:	
City:		City:	
State:	Zip Code:	State:	Zip Code:

Date of Birth:	Social Security #:
Driver's License #:	DL State of Issue:

Race:	Ethnicity:
Sex:	Marital Status: _____
	Number of Dependents: _____

Emergency Contact	Preferred Contact Method
Name: _____	<input type="checkbox"/> Email <input type="checkbox"/> Text Messaging <input type="checkbox"/> Other Please list: _____
Relation: _____	
Address: _____ _____	List Cellular Provider for Text Messaging
Phone #: _____	Cell #: _____

Education

High School Information:

High School GED Equivalent Diploma **Name of High School Attended:** _____

Year of High School Graduation: _____

PLEASE PICK ONE OF THE ITEMS BELOW

High School Graduate Only Some College Associates Degree Bachelor's Degree Master's Degree

Military

Have you ever served in the armed forces: YES/NO

Are you a Disabled Veteran: YES/NO

Disability

Do you have or have been diagnosed with a learning disability: YES/NO

Do you require any special accommodations for a disability: YES/NO

If you yes to any of the above can you provide medical documentation of the disability: YES/NO

How did you hear about us?

Friend Internet Radio Newspaper Job Fair High School Flyer

Department Flyer Other: _____

Courses Interested In

(Check all that Apply)

EMT Paramedic FF II & II ACLS PALS ITLS AMLS Other: _____

<u>Course</u>	<u>Registration Deadline</u>	<u>Start Date</u>	<u>End date</u>
EMT			
<input type="checkbox"/> Lee County B Shift, except weekends			
<input type="checkbox"/> Tues, Thurs night and Saturday day			
<input type="checkbox"/> Online/Hybrid Class			
Paramedic			
<input type="checkbox"/> B Shift			
<input type="checkbox"/> Tuesday Only			
<input type="checkbox"/> Wednesday Only			
<input type="checkbox"/> Online/Hybrid			
Firefighter I & II			
<input type="checkbox"/> Monday/Wednesday & Friday Nights 1-2 Sundays per month		T	
AS Degree			
<input type="checkbox"/> Emergency Medical Services			
<input type="checkbox"/> Fire Science Technology			

Large empty rectangular box for student information or signature.

Student Shirt Size: _____

Student Signature: _____		Date: _____
Administrator Only		
Admission Date: _____	Admission Rep: _____ Did student supply Disability Forms: YES/NO Are they attached: YES/NO	Date Registration Fee Paid: _____ Circle one: Cash - check -credit card – Amount Paid: _____

Admissions Form

Prior to admissions into any program offered at MCI, the student must complete this form

Student Name: _____ **Date:** _____

Program applying for:

___ EMT ___ Paramedic ___ Fire Fighter I & II ___ AS Degree in EMS

___ AS Degree in Fire Science Technology _____ Other: _____

Have you been advised that the course you about to take requires a state licensure exam in order to become employed in the state of Florida? **YES / NO**

Did MCI advise you that they are a training Education Institute only and **DO NOT** promise job placement **YES / NO**

Did MCI advise you that if you have been convicted and/or arrested for a crime to contact the licensing Bureau for clarification before applying to the program. **YES / NO**

Have you been advised that you will need to have access to a computer and internet for this program **YES / NO**

You will need at a minimum the following basic skill requirements for Distant Education Courses;

- Ability to use email
- Ability to use word processing programs
- Ability to save documents
- Basic knowledge on internet navigation and searching
- Ability to install new hardware
- Ability to use Micro Soft

Do you have basic computer knowledge **YES / NO**

Please complete the back portion of the form

Please rate how strongly you agree or disagree with each of the following statements.

Please select at least one answer per question

1. I have a minimum of (2-4) hours a night to devote to a class that meets either 1-3 days a month in person, or is completely taught online.

Strongly Agree Agree Disagree Strongly Disagree

2. I understand that Distance Education courses have the same level of difficulty as in-person classes.

Strongly Agree Agree Disagree Strongly Disagree

3. I manage my time effectively and almost always meet deadlines without having to be reminded.

Strongly Agree Agree Disagree Strongly Disagree

4. I am a disciplined student, I make a study plan, and I can usually stick to it.

Strongly Agree Agree Disagree Strongly Disagree

5. I have good writing skills and can effectively communicate my ideas in writing using an internet-connected computer.

Strongly Agree Agree Disagree Strongly Disagree

6. I usually read directions carefully and am able to figure things out on my own; however, I am not afraid to ask for help when I need it.

Strongly Agree Agree Disagree Strongly Disagree

7. I have basic computer and Internet skills. I know how to: use a word processing program; use the Internet, download software, change settings on my browser, and install plug-ins; send, receive, and open email messages with attachments.

Strongly Agree Agree Disagree Strongly Disagree

Attestation of High School Graduation or Equivalency

High school graduation or its equivalent is a requirement for admission to Medical Career Institute (MCI). Students are required to attest that they are a high school graduate, or possess completion of the equivalent prior to enrollment. Medical Career Institute will make every attempt to verify the veracity of this attestation. If MCI is unable to verify successful completion of high school, or its equivalent, it is the responsibility of the student to ensure that official proof of high school completion, or its equivalent, is provided within 30 days of enrollment.

Failure to comply with this requirement MAY result in immediate dismissal from the MCI and forfeiture of credits.

Verification of high school graduation, or its equivalent, may be provided in the form of an official transcript or other approved documentation that confirms graduation from high school or its equivalent. Verification documentation that satisfies requirements is approved by the Program Director. Examples of acceptable verification are listed below:

- Form DD214: Veterans may submit a DD214 that indicates high school graduation. (Please note that not all DD214 documents contain this information). Form DD214 is usually free for veterans and can be obtained in ten (10) working days or less at the following website: <http://www.archives.gov/veterans/military-service-records/>
- Form DD1966: Service members may submit a DD1966 that indicates high school graduation
- Military Statement of Service: Active duty service member may submit a *Military Statement of Service Memorandum* annotated by his/her personnel or administrative office indicating completion of high school or its equivalent
- Other official military records documenting high school graduation or equivalent may be submitted subject to approval by the Registrar
- Associate of Arts, Associate of Science, Associate of Applied Science, Bachelor of Arts, or Bachelor of Science degree awarded from any school accredited by an accrediting body recognized by the US Department of Education or the Council for Higher Education Accreditation, or foreign equivalent - Official Transcript must be provided to satisfy requirement

These documents must be submitted to the student services offices within 30 days of enrollment. Failure to comply with this requirement MAY result in immediate dismissal from the MCI and forfeiture of credits. The applicant/student bears the responsibility for securing these documents and submitting them appropriately.

Students seeking admission to the institution with a high school diploma completed in a foreign country must provide an original United States-equivalency evaluation from an evaluating agency that is a member of the National Association of Credential Evaluation Services (NACES) (www.naces.org) or the Association of International Credential Evaluators, Inc. (AICES) (www.aice-eval.org). All costs of the evaluation of a foreign transcript is the responsibility of the applicant.

I attest that I am high school graduate, or possess completion of the equivalent prior to enrollment. I understand that I am ultimately responsible for securing and providing proof of this within 30 days of enrollment to Medical Career Institute. I understand that Failure to comply with this requirement will result in immediate dismissal from the MCI and forfeiture of credits.

Print Name: _____

Class #: _____

Student Signature

Date



PHYSICAL AGILITY WAIVER

I, _____, the undersigned, do hereby request permission from Bonita Springs Fire Rescue Training Center and MCI to perform the **Physical Agility Test (PAT)** and/or **PAT Orientation**.

If permission is granted, I hereby agree to obey at all times all instructions, orders and commands given me by the officer or officers conducting the test. I fully realize and appreciate the possibility that I may be exposed to the danger of physical harm or injury. I nevertheless freely and voluntarily accept these risks.

Wherefore, in consideration of being granted permission to perform the Physical Agility Test (PAT) and/or PAT Orientation, I hereby personally assume all risks in connection with such activity, and I further release Bonita Springs Fire Rescue Training Center, MCI, its Commissioners, the Bonita Springs Fire Rescue Training Center and its Chief, the District's employees, agents and servants from any harm, injury or damage which I may sustain while performing said test, whether foreseen or unforeseen; and further to save and hold harmless said parties from any claim by me, or my family, estate, heirs or assigns, arising out of my said activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release: that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of

my own free act. I further acknowledge that I am familiar with the contents of this affirmation and release.

Candidates are required to bring with them the following items on test day:

- a. Closed finger work gloves for the agility exam
- b. A change of clothes if needed
- c. 2 bottles of water
- d. Physical Agility fee in the form of cash, cahiers check or money order made payable to:
 Medical Career Institute for the amount of \$75.00 on the day of the exam prior to the test.
- e. Closed toe shoes (tennis shoes preferred).
- f. Agility waiver signed and notarized.

 Print Applicants Name

 Date

 Signature of Applicant

 Date

 Address

 City

 State

 Zip Code

 Telephone #

 Date of Birth

STATE OF _____

COUNTY OF _____

On this, the ____ day of _____, 20 __, before me, the undersigned Notary Public of the State of _____, the foregoing instrument was acknowledged by _____, who is personally known to me or who has produced _____ as identification and whom did/did not take an oath.

 Notary Public State of Florida



Fire Academy Mandatory Uniform Accessories

The items listed below must be purchased by the fire recruit. Additional items may be needed as the academy progresses.

- (2) Dickies work pants in Navy blue (bottom of pants must be 2 inches from the ground)
- (2) pairs of cotton black socks with no logo (to be worn with dickie pants)
- (1) pair of black steel toed boots
- Black shoe polish kit (student must have always)
- (1) Blackhawk CQB/Emergency Rescue Rigger Belt (black)
 - Buy the belt from Galls.com or call **800.477.7766** – item # TEO41
- (1) pair of black running shoes
- (2) pairs of plain white ankle socks
- Gear bag from Galls is optional to purchase
- (1) lint roller
- Starch for uniforms



All gear rentals are done through Fire Tec in Fort Lauderdale. The cost of gear rental for (6) months is \$500.00 which includes the following:

- Helmet with face shield
- Hood
- Coat
- Pants
- Suspenders
- Boots
- 20 foot personal rope

Students must purchase NFPA approved fire fighting gloves. It's recommended to have (2) pairs of gloves.

Fire gear rental payments & information please call:

Leo Rodriguez at (754) 229-1832 and let him know you are in the MCI Fire Academy.



THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

APPLICATION FOR FIREFIGHTER CERTIFICATION EXAMINATION
BUREAU OF FIRE STANDARDS & TRAINING

Please type or print legibly.

NAME: LAST FIRST MI DATE OF BIRTH

HOME ADDRESS: CITY STATE ZIP CODE

STUDENT ID E-MAIL ADDRESS CONTACT PHONE NUMBER

REQUIRED ATTACHMENTS:

- ___ Completed fingerprint card with payment confirmation number or Date of Live Scan _____
- ___ Copy of your High School Diploma (Home Schooling must be compliant with FS 1002.41 & 1003.21)
- ___ Copy of drivers license or birth certificate as proof of being at least 18 years old
- ___ Completed, signed and dated original DFS-K4-1022 (completed less than 6 months before start of class)
- ___ Application fee of \$30 by check made payable to Department of Financial Services

Fill in the blank and attach a Certificate or Transcript for each of the courses below.

	<u>COURSE TITLE</u>	<u>PROVIDER</u>	<u>DATES ATTENDED</u>
1	MINIMUM STANDARDS (398 Hours)	_____	_____
2	FIRST RESPONDER, EMT OR EMTP	_____	_____

Inquiry Waiver - By my signature below, I authorize the Division of State Fire Marshal, Bureau of Fire Standards and Training, access to any and all information concerning my work record, school record, military record, and moral character pertinent to this application. This includes any and all information of a confidential or privileged nature, and photostats of same if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification in the State of Florida.

Certification Notice - By my signature below, I understand that submission of this application is not a guarantee of approval and certification. Certification is only attained with an approved application, successfully completing the required courses or attaining equivalency and passing the state certification written and practical exam.

SIGNATURE OF APPLICANT

DATE

SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION AND APPLICATION FEE TO:
 BUREAU OF FIRE STANDARDS AND TRAINING, 11655 NW GAINESVILLE ROAD, OCALA, FLORIDA 34482-1486

PURSUANT TO THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT, ANY PERSON NEEDING SPECIAL ACCOMMODATIONS,
 PLEASE ADVISE WHEN SCHEDULING YOUR EXAM



THE DEPARTMENT OF FINANCIAL SERVICES
Division of the 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. Authority for this examination is FS 633.34 and is required before an individual starts firefighter training.

This medical examination must be completed by a physician, surgeon, or physician's assistant per ch. 458; or an osteopathic physician, surgeon, or physician's assistant per ch.459; or an advanced registered nurse practitioner per ch. 464.

Examination should include but is not limited to:

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:

<p>Has no pre-existing or current condition, illness, injury or deficiencies. <u>The applicant is medically fit to engage in firefighter training.</u></p>	<p>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></p>
<p>Signature _____</p>	<p>Signature _____</p>

Completion Required (please print)

Name of signature: _____ Date signed: _____
 Office Telephone number: _____
 Office address: _____

Essential Job Tasks and Descriptions from NFPA 1582, 2007 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.
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.
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.
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. 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°F (39°C).
6. 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.
7. 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.
8. 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.
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.
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.
11. Critical, time-sensitive, 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.
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, hear and locate the source of calls for assistance from victims or other firefighters.
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.

TOBACCO AFFIDAVIT

<i>Please type or print legibly.</i>			
NAME: LAST	FIRST	MI	DATE OF BIRTH
HOME ADDRESS:	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	CONTACT PHONE NUMBER		

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

SIGNATURE
DATE

NOTARIZED

STATE OF FLORIDA
 COUNTY OF _____

On _____, _____, _____ personally
 (month and day) (year) (Applicant's Name)
 appeared before me and, _____ who is personally known to me, or _____ who has provided
 _____ as identification.

 Notary Public Signature
 Commission expires: _____

PLEASE AFFIX SEAL ABOVE