



TO: All Minimum Standards Candidates

The attached paperwork must be completed and returned to the Donald A. Haupt, Jr. Training Center located at 4180 NW 120th Avenue, Coral Springs, Florida, 33065, **prior** to being accepted into the Coral Springs Fire Training Academy.

Please pay special attention to the following items:

1. Application for Firefighter Certification Examination, Bureau of Fire Standards and Training (form DFS-K4-1016) **Please note, under REQUIRED ATTACHMENTS, You DO NOT need to bring in a check for \$30.00 with your application. This will be REQUIRED THE FIRST DAY OF CLASS.**
2. Medical Examination (form DFS-K4-1022) – completed
 - a. **Your exam must be completed at MedExpress Urgent Care, 1809 North University Drive, Coral Springs, FL 33071 (954) 510-1900. This is the only location currently available.**
 - b. The doctor's signature, printed name, title, address, phone number and date of exam must be legible.
3. Hold Harmless Agreement – completed and notarized.
4. ONE copy of each of the following must be submitted with your application:
 - a. **United States** High School Diploma, Official Transcripts or the equivalent
 - b. Proof of Age (Florida Drivers' License, Birth Certificate or Passport)
5. FC-DICE profile must be created and a printed copy submitted with application. **You must include the assigned ID on forms DFS-K4-1022 and DFS-K4-1016 on the Student ID line.** Instructions provided with this application.
6. Fingerprint Processing fee (**see form DFS-K4-1016**) - due first day of class with your Fire Marshall confirmation sheet.
7. Acceptable Forms of Payment:
 - a. **VISA/MC** – cardholder must be present in order to process this form of payment. **No Cash or personal checks. * OR ***
 - b. **Two (2) separate** cashier's checks or money orders, one for \$75.00 (Registration fee) and one for \$100.00 (PAT fee), both made payable to Coral Springs Fire Department, and both non-refundable. **Please PRINT your name, complete address and the last four of your SSN on all payments.**
8. Tuition of \$2,400.00 will be collected at the PAT or an assigned date following the PAT. (Please refer to your checklist that you will receive upon submission of this application for your tuition due date)
9. Fingerprinting will be done digitally through PearsonVue. It is suggested that you wait until you pass the PAT to make an appointment to complete the digital fingerprints. The digital fingerprint confirmation, with a check for \$30.00 addressed to The Department of Financial Services, must be given to the Instructor on the **FIRST DAY OF CLASS.**
10. The PAT date is available on the website and will be assigned once you submit your completed application.

We will accept your **completed** application along with **VISA/MC OR two cashier's checks or money orders**(\$75.00 and \$100.00) made payable to **Coral Springs Fire Department.**



READ THIS BEFORE COMPLETING ENROLLMENT APPLICATION

FIREFIGHTER I & II (FIREFIGHTER MINIMUM STANDARDS)

(450 Hours)

This Minimum Standards Certification Course for Firefighters is a mentally, physically, and emotionally challenging program that includes extensive classroom and practical elements. The 450-hour course runs for 13 consecutive weeks, meeting Monday-Friday, 8am until at least 5:30pm, (Evening classes run for 27 weeks, meeting two weekday evenings from 5:30pm-10:30pm, every Saturday from 8:00am-5:00pm and one Friday evening each month from 5:30pm-10:30pm), *excluding holidays*, at the Donald A. Haupt, Jr. Training Center, located at 4180 NW 120 Avenue. All class sessions are presented regardless of weather conditions and no absences are permitted.

REGISTRATION

The Coral Springs Fire Department Training Division, at the **Donald A. Haupt, Jr. Training Center, 4180 NW 120th Ave., Coral Springs, Florida 33065**, will accept completed applications Monday through Friday, 0900 to 1600(times subject to change). **ONLY** correctly completed Application Forms will be accepted. All others will be returned to the applicant. Course registrations are **NOT** accepted by telephone, and we **DO NOT** accept applications by mail. Required medical information must be submitted. Your medical form will expire in six (6) months. Again, all incomplete Application Forms will be promptly returned to the student.

FEES

Unless otherwise indicated, all fees must be paid with VISA/MC or money orders/ cashiers checks made payable to Coral Springs Fire Dept. **Please PRINT your name, complete address, and social security number on all cashiers check / money order payments.**

Application Processing Fee:	\$75.00, must accompany completed application (non-refundable)
Physical Ability Test Fee:	\$100.00, must accompany completed application (non-refundable)
Tuition:	\$2,400.00, due in full at the PAT or an assigned date following the PAT.
Books:	Information will be provided when application is submitted.
Bunker Gear:	Rental fees run from \$400 to \$800 for the entire duration of class. More information on Rental companies will be given the first day of class.
Fingerprint Processing:	Information will be given to you upon submission of your application.
Additional Fees:	T-shirts and face piece; info provided the first day/night of class.
Refund Policies:	Full Tuition refund will only be given through the first day of class.





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)	Coral Springs Fire Academy	
2	FIRST RESPONDER, EMT OR EMT-P		

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
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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

Coral Springs Fire Academy

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:

Has no pre-existing or current condition, illness, injury or deficiencies. The applicant is medically fit to engage in firefighter training.

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 _____

Signature _____

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.



HOLD HARMLESS AGREEMENT

I, _____, the undersigned, do hereby request permission from the Coral Springs Fire Department 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 the City of Coral Springs, its Commissioners, the Coral Springs Fire Department, and its Chief, the City'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.

Signature of Applicant

Address

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

Doc. 59229





FCDICE and You or Making It Easier – Student Login

This is intended to take the individual (student) through the FCDICE (Fire College, Department of Insurance Continuing Education) System. This tutorial will cover:

FCDICE Student Login

This tutorial will guide you through logging in to the FCDICE system. This assumes you have never been to this site before.

Login Procedures

- Go to www.floridastatefirecollege.org

You are not in the system and need a “New Profile”

You will need to create a new profile for yourself. Never create a new profile unless you have followed the directions above first.

- On the login Page, select “**creating a profile**”.

This will take you to the Student Registration page

At the Student Registration page

- Create a new login and password
- Complete the registration page. **For Firefighter II and Inspector, SSN is required**
- When done, select “**Save**”

“**Save**” will take you to the In-Box page

To find your Student ID #, Log Out and then Log in again. Click CUSTOMIZE at the top of the page. You will find your ID # on that page. Please write the ID # on your Medical form and Certification page where it asks for Student ID.



**Digital Fingerprints for Minimum Standards I & II
Online Guide
(Available via PearsonVue.com)**

Phase I – Acquire your fingerprint user identification and password.

- Go to www.Pearsonvue.com and select the **Book Digital Fingerprinting Appointments**
- Select **Florida Applicant Fingerprinting Services (from Make a Selection Box)**, then select **Go**
- Select **Make Your Fingerprint Reservation Online (under Florida State Fire Marshal – Firefighter or Inspector Fingerprints)**, then select **create a new account**
- Provide the required information - Business info not required.
- Select **Save**. You will receive a user identification & password.
- Note your ID and password then select **Continue**

Phase II – To schedule to have your fingerprints taken:

At the “Test Taker Page” under “My Tasks”, select **Schedule a Test**

From the “Select a Test” list, select **Florida Fingerprinting**

From the “Test Program”, select **Florida State Fire Marshal Fingerprinting**

Select **Continue**. Complete the required fields then select **Continue**.

From the “State, City” list; select the best city for you.

From the “Center/Name Address” list select **Fingerprint Only**

Select **Continue** and follow the directions on screen to completion.

Phase III – Go to the PearsonVue site you selected on your selected date and time and have your fingerprints taken.

Your fingerprints will be sent electronically from PearsonVue to the FBI and FDLE. The results will be sent directly to the Bureau of Fire Standards and Training, normally within 24hrs.

The fee for online fingerprint background check is \$57.25 (subject to change), which is listed on the site. You will receive confirmation from PearsonVue and this must be brought to the first day of class.

Please Note: Bring a personal check/money order for the amount of \$30 made payable to “**Department of Financial Services**” on the first day of class also. This payment is for processing fees required for the State of Florida.