

Attention

DSFS ACCELERATED FF I, II & Optional NREMT CLASS

**Is now accepting applications
for the first class which will start
June 5th, 2023**

**Please complete the attached application
and return with all the required
documentation by
May 5th, 2023**

**DSFS ACCELERATED
FIREFIGHTER I, II and NREMT**



Delaware State Fire School



PURPOSE

This course has been designed to provide the student with the necessary training and skills to successfully meet the requirements of the NFPA 1001 standard for a Fire Fighter I & II, the NFPA 1006 Passenger Vehicle Rescue Technician and NREMT. The course is for students who wish to obtain their National Proboard Firefighter I & II certification and NREMT in an accelerated time frame.

CONTENT

This course will cover the various subject areas covered in the traditional sequential training program, Fire Service orientation, Hose handling, Hazmat Awareness & Operations, Ladders, Tools, Salvage and Overhaul, SCBA, PPE, NREMT and Fire Fighter Safety. This course consists of Monday through Friday, 8am. – 5pm. Exam questions and skills evolutions are based on the IFSTA “Essentials” manual current edition and the NFPA 1001 standard for Fire Fighter I and II, and NFPA 1006 standard for Common Passenger Vehicle Technician

AUDIENCE

This course is open to any individual wishing to become a Firefighter / EMT

PREREQUISITES

Individuals must be at least 16 years of age.
Medical Approval Form, Proof of insurance for non-affiliated

CLASS MINIMUM/MAXIMUM

10/20

EQUIPMENT

Individuals will be required to bring “Full Turn-out Gear”, (1)- 800 MHz portable radio, 1 portable radio strap to every class. Department owned SCBA optional.

TUITION

\$1,800.00 affiliated with a fire company (FF I, II W/ or WO/ EMT)
\$3,000.00 non- affiliated with fire company (FF I, II & EMT)
\$2,100.00 non – affiliated with fire company (FF I & II)
(Includes the cost of books, testing fees and materials)

CANCELLATION POLICY

Cancellations for students who are pre-registered for a course must be received by the Fire School no later than noon on the Tuesday preceding the first day of the scheduled class.

DSFS CLASS APPLICATION FOR FF I, II & EMT

Type or Print



Delaware State Fire School



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Telephone: _____ (home) _____ (work)

E-Mail: _____

Fire Department/Company Affiliation: _____

Please check the boxes of the class you wish to take.

F.F. I, II, & NREMT (318 hours)

F.F. I & II (168 hours)

Pre-requisite requirements FF I, II, & EMT

(Please check off each box indicating that the required item is included with this application)

- Signed "Fire Chief's Declaration" stating the candidate knows operational guidelines, command structure and equipment of the Fire Department.
- "Medical Approval Form" from a Medical Doctor verifying that the applicant is "physically fit to perform firefighter activities". (Must be current, within 45 days of application being turned in)

I have attached the required documentation with this application and understand that if all required documentation is not attached, the application will not be accepted, and it will be returned.

Signature of Applicant

Date

I approve the request for Fire Fighter I, II, & NREMT class by the above applicant and attest that all required documentation is attached to this application.

Date: _____

Signature of Fire Chief

The application form with all required documentation must be returned to the Delaware State Fire School by:

Friday May 5th, 2023

OFFICE USE ONLY

Application Received: _____ by: Mail Fax In Person

Prerequisites checked by: _____ Date: _____

Application: Accepted Rejected Memo sent: _____ Email Sent: _____



Delaware State Fire School



Fire Chief's Declaration of Applicant's Ability to Perform Fire Company Tasks and Procedures

As Fire Chief of the _____ Fire Company,
I have observed the performance of _____ and affirm that this
applicant for certification is thoroughly familiar with the Standard Operating Procedures, Guidelines
and equipment of this Fire Company and has demonstrated proficiency in compliance in all areas
listed and checked below. (Check each circle as applicant properly performs task)

- ⇒ Operation of Company communications equipment:
 - Portable radio
 - Mobile radio in apparatus

- ⇒ Station phone system policy and procedure to properly answer and respond to:
 - Emergency calls
 - Non-emergency calls
 - Operation of the station intercom if available.

- ⇒ Operation of safety equipment required for riding fire equipment:
 - Seat belt
 - Mansaver bar or cab door

- ⇒ Location of all tools located on Company apparatus:

(Cross out if your Company does not have a piece of equipment)

- Hydraulic rescue tools
 - Halligan bars
 - Pike poles
 - Plaster hooks
 - Axes
 - Ventilation Saws
 - Salvage covers
 - Debris bags
 - Water vacs / dewatering equipment
 - SCBA
 - Ground ladders
 - Portable lights
 - Cord reels
 - Generators
 - Portable pumps
 - Portable / specialty tool kits
-
- ⇒ Policy and procedure for maintaining all hand tools located on your apparatus:
 - Explain how each tool listed above are put back as "ready for service" after they are used at an emergency

 - ⇒ Ability to complete forms / records necessary to document emergency response:
 - Company emergency response form
 - Incident attendance report form



Fire Chief's Declaration
of Applicant's Ability to Perform Local Company Tasks and Procedures
(Cont.)

- ⇒ Ability to complete company daily forms:
 - Function attendance form
 - Maintenance / equipment out of service form
 - Phone message form

- ⇒ Ability to operate in established work areas at emergency scenes:
 - Knowledge of potential hazards involved in operating at emergency scenes
 - Knowledge of protective equipment used at emergency scenes
 - Ability to use personal protective equipment and traffic control devices at emergency scenes

I approve this request for the Delaware State Fire School Accelerated FF I, II, and EMT class enrollment by the above applicant and attest that all required documentation is attached to this application.

Fire Chief (Print)

Fire Chief (Signature)

Date



DSFS
Firefighter I & II
Medical Approval Form

The intent of this medical approval form is to verify to the Delaware State Fire School that the applicant named below is physically capable of performing typical firefighting activities as part of the Firefighter I & II Certification class. This form must be submitted with your application. Please have it completed by a physician of your choice.

Applicant's Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Examples of Activities to be performed

1. Performing fire-fighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus.
2. Climbing up to five flights of stairs while wearing fire protective ensemble weighing at least 50 lb or more and carrying equipment/tools weighing an additional 20 to 40 lb
3. Wearing fire fighting personal protective equipment which is insulated and may result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature.
4. Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing 180 lbs to safety despite hazardous conditions and low visibility
5. Advancing water-filled hose lines up to 2½ in. in diameter from fire apparatus to occupancy (approximately 150 ft), which can involve negotiating multiple flights of stairs, ladders, and other obstacles
6. Raising and climbing portable ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces.

Doctor's Verification

I have examined the above named individual and have found them to be physically capable of performing typical firefighting activities as part of the firefighter I class conducted by the Delaware State Fire School.

Doctor's Name (Type or Print) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Note any Restrictions: _____

Doctors Signature: _____ Date: _____



Delaware State Fire School

