



Firefighter Academy

Application and Information Packet

Class Location Facilities

Emergency Services Training Center
3000 Airport Road
Sanford, NC 27330

Welcome

Thank you for your interest in enrolling in Central Carolina Community College's Firefighter Academy. The purpose of this packet is to inform you of the requirements and steps you need to take to enroll in the program. If at any time you have questions about the program or requirements, please call or email Sarah Tart at the information provided below. Please read this packet in its entirety before completing the application forms.

Enrollment Steps

1. **Review this packet. It will provide you with important enrollment information and program requirements.**
2. **Complete and submit the Fire Academy Application in its entirety.**
3. **Be in sufficient physical condition to pass the Physical Requirements Test.**
4. **Submit a Letter of Membership with Fire Department Affiliation to have fees waived. Those not affiliated with a Fire Agency will need to be prepared to pay class fees on the first day of class. It is highly recommended to visit your local Volunteer Fire Department, and inquire about joining their agency.**

About the Program & Schedule

1. Our program is a 6 to 7-month program consisting of approximately 600 hours of firefighter training, 200 hours of technical rescue training, and 320 hours of EMT training.
2. This is a full-time class meeting 8:00 a.m. – 5:00 p.m. Monday through Friday
3. Academy graduates may receive the following credentials:
 - a) Firefighter – FIP-3030
 - b) HAZMAT Level One Responder- FIP-3556 (combined with Firefighter)
 - c) Technical Rescuer FIP-6500
 - d) Technical Rescue/Vehicle Rescue FIP-5710
 - e) Emergency Vehicle Driver FIP-3600
 - f) Emergency Medical Technician - Basic

Costs

- Expenses are expected to be paid on first day of class, unless otherwise specified.
- Depending on class schedule, tuition for the fire portion of the academy ranges from \$485-\$2785, not including textbook and uniform expenses.
- Required course expenses for the EMT portion are as follows:
 - \$180 - Registration Fee, unless fee-exempt.
 - \$150 - Textbooks may be purchased from the bookstore.
 - \$7 - American Heart Association Basic Life Support for Healthcare Providers card.
 - \$20 - American Heart Association Basic Life Support for Healthcare Providers textbook.
 - \$20 - FIDAP online skills and scheduling tracker.
 - \$11.90 - Medical malpractice insurance, accident insurance, and security fee. If you are eligible for the Public Safety Fee Waiver, you are still required to pay this fee at the beginning of class.
 - Stethoscope – prices vary as there are many brands, but it is recommended to have your own.
- Academy and clinical shirt pricing will be distributed at a later time. Shirt orders are handled for cadets once payment is received. Cadets will be responsible to obtain their own duty pants and boots.

Pre-requisites

1. Cadets must have and submit a copy of either a high school diploma, high school equivalency diploma (GED) or provide college transcripts.
2. Cadets must have met the following immunization requirements as set forth by the EMS Program:
 - Hepatitis-B immunization series with a positive titer proving immunity. If the series is complete and the student is still not immune, a letter from a physician is required.
 - Two-step tuberculosis (TB) screening (PPD) within one year. A copy of the Gold Standard test can also be proof of immunity.
 - Annual influenza (common flu) immunization if clinical hours are completed between October 1 and March 31.
 - Two dose mumps, measles, and rubella (MMR) immunization after their first birthday or positive titer proving immunity.
 - Varicella (chickenpox) immunization series or positive titer proving immunity.
 - TDAP (tetanus, diphtheria, pertussis) immunization or TDAP booster within 10 years.

An exempted student enrolled in the program cannot complete clinicals regardless of their exemption status due to clinical requirements. A student can be enrolled in the program according to college and NC DHHS policy. However, if they are not compliant with clinical immunization requirements, they will not be able to participate in clinical and field rotations. Failure to complete clinical and field rotations will result in the failure of the course.

3. Recent criminal background checks must be completed.

Textbooks

1. Firefighter Textbook:
 - a) BU – NC VOL FIREFIGHTER W/ HM – FIRST AID 8E GUIDE Revised Bundle
 - i. Includes Fundamentals of Fire Fighter Skills and Hazardous Materials Response, 4th Edition AND Standard First Aid, CPR and AED, 8th Edition
 - b) Please visit <https://www.psglearning.com/nc-fire-training> to purchase the bundle
 - i. ISBN-13: 9781284249958
2. EMS Textbook information will be distributed at a later date.

Physical Requirements

Cadets should be in proper physical shape and able to complete the following prior to the start of class:

1. Run 1.5 mile in under 15 minutes
2. Complete 25 pushups within one minute
3. Complete 25 sit-ups within one minute
4. Climb four flights of stairs carrying a pack weighing approximately 40 pounds, and a dry hose bundle weighing approximately 44 pounds.
5. Hoist a 50' section of fire hose approximately ten feet.
6. Lift a 20 foot ladder and carry it 90 feet.
7. Complete a blackout drill, wearing a face mask that cannot be seen out of.

Firefighter Academy Program Documents Checklist

Checklist of Documentation Needed Prior to Enrollment

- Firefighter Academy Application
- Copy of High School Diploma, High School Equivalency (GED), or College Transcript
- Letter of Verification of Membership/Department Affiliation
- Medical History Statement
- Medical Examination Report
- Release of Liability Form (includes physical requirements acknowledgment)
- Immunization Record
- Criminal Background Check

Return documents electronically to:
Central Carolina Community College
Attn: Sarah Tart
Email: start893@cccc.edu

Hand Deliver to:
Emergency Services Training Center
Attn: Sarah Tart
3000 Airport Road
Sanford, NC 27330

Mail to:
Central Carolina Community College
Attn: ESTC – Fire Academy Enrollment
1105 Kelly Drive
Sanford, NC 27330

FIRE ACADEMY SPONSORSHIP FORM

TO: Fire Academy Coordinator, Central Carolina Community College

Please admit the individual named below to Central Carolina Community College's Firefighter Academy under membership of the below names fire service agency.

By requesting the admission of this individual, I attest that I am aware of nothing in this person's character or reputation that would bring discredit upon my agency, fire service, or Central Carolina Community College.

*****In addition to this form, I am also enclosing a letter of membership written on our agency letterhead for registration purposes*****

Chief Officer Signature: _____ Date: _____

Agency: _____ Phone Number: _____

Print Full Name of Cadet: _____

Cadet Signature: _____ Date: _____

Firefighter Academy Application

Please print legibly or type:

I. Applicant Personal Information

Name: _____

Last

First

Middle

Preferred Name

Address: _____

Street

City

State

Zip

Telephone: _____

(Home)

(Work)

(Cell)

E-mail: _____ Date of Birth: _____

II. Educational Experience

High School: _____
Name City County State

Years Completed: _____ Graduated GED

Technical School / College: _____
Name City State

Course Major: _____ Degree: _____ Years: _____

College / University: _____
Name City State

Course Major: _____ Degree: _____ Years: _____

Graduate / Professional School: _____
Name City State

How did you learn about the Firefighter Academy? _____

Are you currently affiliated with a fire or rescue department? Yes No

If yes, list Department Affiliation: _____
Agency Name

City/Town State County

List other course, workshops, and educational experience which relate to firefighting:

III. References

Name: _____ Relation: _____ Phone Number: _____
Name: _____ Relation: _____ Phone Number: _____
Name: _____ Relation: _____ Phone Number: _____

I certify that the answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for the CCCC Firefighter Academy as may be necessary in arriving at an acceptance to the Academy. In the event of acceptance to the Academy, I understand that false or misleading information given in my application or interview(s) may result in discharge from the Academy. I understand, also, that I am required to abide by all policies and procedures of Central Carolina Community College. Entrance to the Firefighter Academy will be contingent upon satisfactory completion of a Test of Adult Basic Education (TABE) test. I also authorize the use of any photos or other media that may be taken during the Academy for the use of advertising the Firefighter Academy now and in the future.

Signature: _____ Date: _____

Equal Opportunity Information

State and Federal regulations prohibit discrimination based on race, sex, color, age, or handicap.

The information requested below will in no way affect you as an applicant; its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

* Your application for the Academy is NOT considered complete unless this form is filled out *

Date of Birth: _____ Gender: Male Female

Ethnic Group

_____ White

_____ African – American

_____ American Indian (Including Alaskan Native)

_____ Hispanic

_____ Asian

_____ Other (Please explain: _____)

Before Submitting Your Application Please Check to See that You Have:

1. List your ZIP code correctly.
2. Completed section for equal opportunity information.
3. Given complete information on your education.
4. Signed and dated your application.

MEDICAL HISTORY STATEMENT

PAYMENT FOR SERVICES RENDERED IS THE RESPONSIBILITY OF THE INDIVIDUAL

INSTRUCTIONS:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the school director.

DATE: _____

NAME: _____ DATE OF BIRTH: _____
Last First Middle

ADDRESS: _____
Address City State Zip Code

PHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

CURRENT MEDICATIONS

Prescription Medications: (Include pain relievers, birth control pills, etc.)

Over the Counter Medications: (Include all cold, allergy, headache, vitamins, supplements, herbal remedies, etc)

ALLERGIES

Drug Allergies: (Include your reaction to the medication)

All other Allergies: (food, insects, seasons, animals, materials, etc and your reaction to each)

FAMILY HISTORY

Have any of your parents, brothers, or sisters suffered from: [check all that apply]

- Diabetes
- Heart problems
- High blood pressure
- Arthritis
- Neurologic or psychological problems (Seizures, depression, schizophrenia, etc.)

PAST MEDICAL HISTORY

List **ALL** hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to **you**]

- 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
- 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post-traumatic stress disorder and others?
- 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
- 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
- 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

MALES ONLY:

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

FEMALES ONLY:

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

IMMUNIZATIONS

- 21. Must provide records of Hepatitis B vaccination, TB screening (PPD), Measles & Mumps (MMR) and Tetanus (TDAP)
- 22. Must have proof of titers for vaccinations more than 10 years old.

OCCUPATIONAL HISTORY

Have you ever been exposed to any of the following, whether at home, work, military or any other setting? [check all that apply]

- 23. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- 24. Chemical exposure to skin or lungs?
- 25. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)? Check all **YES** answers:
- 26. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- 27. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- 28. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- 29. Do you have any missing limbs or non-functional joints?
- 30. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- 31. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- 32. Have you ever worked in law enforcement?
- 32a.If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- 33. Have you ever served in any of the armed forces?
- 33a.If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
- 34. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- 35. Do you have difficulty sitting for any extended period of time?
- 36. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- 37. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- 38. Do you have any difficulty driving at high speeds in a motorized vehicle?
- 39. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- 40. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- 41. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- 42. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- 43. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

EXPLANATION OF ANY YES ANSWERS: (Identify by number)

Additional pages may be attached and must include your name, the last four digits of your social security number, and must be signed and dated.

PENALTY: Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

QUALIFIED MEDICAL PROFESSIONAL REVIEW:

Signature of Qualified Medical Professional (Use Ink)	Date
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Name, Title, and Address of qualified medical professional completing review – PLEASE TYPE

MEDICAL EXAMINATION REPORT

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS.

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INSTRUCTIONS:

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DATE: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

NAME: _____ DATE OF BIRTH: _____
Last First Middle

EMPLOYING AGENCY: _____

Height: _____ Weight: _____

VISION

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

Color Perception: Normal Abnormal: _____

Peripheral Vision: Normal Abnormal: _____

HEARING

Hearing Acuity: Audiogram - **or** - 15' whispered conversation (check one)

Right ear: Normal Abnormal: _____

Left ear: Normal Abnormal: _____

CARDIOVASCULAR

Blood Pressure: _____ Resting Pulse Rate: _____

Cardiac Examination: Normal Abnormal: _____

Peripheral Circulation: Normal Abnormal: _____

ECG: Indicated by hx or exam: _____ (If resting pulse is less than 50 or greater than 100)

HEENT: Within Normal Limits Abnormal

LUNGS: Within Normal Limits Abnormal

ABDOMEN: Within Normal Limits Abnormal

MUSCULOSKELETAL: Within Normal Limits Abnormal

GENITOURINARY: Within Normal Limits Abnormal

NEUROLOGICAL: Within Normal Limits Abnormal

SKIN: Within Normal Limits Abnormal

URINALYSIS: Within Normal Limits Abnormal

TB SKIN TEST MILLIMETERS OF INDURATION: Within Normal Limits Abnormal

Are there any conditions, physical, emotional or mental, which, in your opinion, suggest further examination? Yes No **If yes, please explain:**

Do you have any reservations about this candidate's ability to physically perform required duties? Yes No **If yes, please explain:**

Signature of Qualified Medical Professional

Date

Name and Address of Qualified Medical Professional (PLEASE PRINT)

**DOCTOR'S RELEASE
FOR PHYSICAL AGILITY TEST**

1. **1.5 Mile Run** – Must be completed in 15 minutes or less.
2. **25 Pushups** (1 minute) – Must be able to complete 25 pushups within one minute.
3. **25 Sit-ups** (1 minute) – Must be able to complete 25 sit-ups within one minute.
4. **Ladder Lift and Carry** (60 seconds) – Cadet is to lift a 20-foot ladder (approximately 61 pounds) from height of 3-4 feet and carry it 90 feet around markers and replace it.
5. **Blackout Drill** (not timed) – Cadet will be placed in an air mask that has had the face shield painted black. Cadet will follow the wall to a designated area.
6. **Stairwell Climb** with 2 ½ inch Dry Hose Bundle (1.5 minutes) – Cadet will put on an air pack without the facemask. The Cadet will then lift a bundle of 2½ inch hose from ground and place on his/her shoulder. Hose bundle will weigh approximately 44 pounds. The Cadet then proceeds to entrance of drill tower and climbs stairway up to the fourth floor. Cadet will lay hose down and pick up another hose that is on the floor and bring it back down to the starting point.
7. **Hoisting** 2½ inch hose to fourth floor of drill tower (30 seconds) – Cadets will position themselves at fourth floor window and hoist one 50' section of bundle 2½ inch hose (44 pounds) from the ground level to the fourth floor window. Task ends when hose bundle touches windowsill.

** Acceptable Clothing on date of physical agility test: Physical training clothes and shoes.

**** This document must be submitted with doctor's signature before testing date. Check for deadline of your testing date.**

I have examined this individual and found nothing that should prevent him/her from participating in the above physical agility test.

Name of Cadet

Name of Doctor

Cadet ID (*Coordinator will complete*)

Doctor's Signature

Social Security Number

Date

FIREFIGHTER ACADEMY RELEASE OF LIABILITY FORM

WHEREAS, the undersigned has applied for acceptance to the Firefighter Academy at Central Carolina Community College; and

WHEREAS, the undersigned acknowledges that a firefighter must be in certain physical condition in order to perform his or her duties; and

WHEREAS, the undersigned acknowledges that he or she may receive certain physical injuries from participating in the Firefighter Academy; and

WHEREAS, In consideration of the Firefighter Academy at Central Carolina Community College considering my application for the Firefighter Academy, I acknowledge that by signing this document, I release Central Carolina Community College and their officers, officials and employees and agents from any liability whatsoever. I agree to hold harmless on behalf of myself, my heirs, executors, administrators, legal representatives, assignees and successors in interest from any and all rights which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with or arising out of my participation in or with the tests used in the firefighter' selection process; and

WHEREAS, I acknowledge that I will be required to participate in the physical agility tests and other practical activities during the firefighter academy (live fire, ladder, scba, hose training etc.); and

WHEREAS, the undersigned acknowledges that successfully completing these tests in no way guarantees successful completion of the Firefighter Academy; and

WHEREAS, this release form has legal consequences; I have read it carefully before signing it.

Signature: _____ Date: _____

This section to be completed by a Notary Public

The State of _____ County of _____

I, _____, Notary Public, do hereby certify that

_____ personally, appeared before me this day and acknowledged

the due execution of the foregoing instrument.

Witness my hand and official seal, this _____ day of _____, 20_____.

Notary Public Signature: _____

My Commission Expires: _____

(Official Seal)

Uniform Information

You will be required to wear your Fire Academy T-Shirt and uniform pants daily. The Polo shirt will be worn periodically as directed by the Coordinator or Fire instructor, on EMT days, and for EMT clinicals. During colder months, you will be required to wear your sweatshirt as opposed to a personal coat or department affiliated clothing.

Items required:

- 5 T-Shirts
- 3 Sweatshirts
- 3 Polos
- 2 Physical Training Shorts
- 4 Duty Pants
- Black Boots
- Black Socks

If you are affiliated with an agency, please confirm with your Chief on covering your uniform costs, and supplying your duty pants and boots. Shirts, polos, and physical training shorts will be purchased from a local business. **Payments are expected to be given to the Coordinator before or on the first day of class, NO LATER. Failure to do so will result in dismissal from the Academy.** If you are not affiliated with an agency, please utilize the pant and boot information provided below.



Duty pants must be navy blue, and 5.11 or Tru Spec brand.



Common boot brands are 5.11, Thorogood, or RedBack.

If you would like to purchase additional clothing items, please be prepared to pay on the first day of class for items ordered.

Please indicate your sizes and if you would like additional items:

	SIZE	SIZE ORDER	ESTIMATED COST	# OF EXTRA ITEMS	ESTIMATED AMOUNT DUE
POLO	(S-XL) (2XL ^)				
T-SHIRTS	(S-XL) (2XL ^)				
SWEATSHIRT	S, M, L, ECT...				
SHORTS	S, M, L, ECT...				
TOTAL					\$

PRICING IS APPROXIMATE AND DOES NOT INCLUDE SALES TAX

Revised May 2024