

SECTION 1 – Fire Department Registration Packet



The Department of Emergency Services and Public Protection

The Connecticut Fire Academy

Recruit Firefighter Program Registration

Data Privacy Warning

The **legible** information provided by you on this form will be used solely and exclusively for providing you and like applicants with services. Your social security number is classified as private data. It is used to track your student records for programs that you have participated in with the Connecticut Fire Academy. The only consequence of not providing all of the information on this form is that the service may be delayed, restricted, or withheld. Further, personal data retrieval will be delayed.

Please print clearly or type the information requested below

Recruit Applicant Information

Student I.D. # _____ - _____

☐ Male ☐ Female

Your I.D. consists of the FIRST (3) Letters of your LAST Name and the LAST (4) Numbers of your Social Security Number.

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

Home Address: _____

City / Town: _____ State: _____ Zip: _____

Email Address: _____ @ _____ . _____

Phone No's: Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

If Different from Home Address, complete below

Mailing Address: _____

City / Town: _____ State: _____ Zip: _____

Fire Department Registration

Fire Department / Organization: _____, _____
Fire Department Name City/Town

As Chief of the _____ Fire Department I hereby authorize the above applicant to participate in the Connecticut Fire Academy's Recruit Firefighter Program and therefore understand that the above-named individual will be covered by Workers Compensation Insurance while participating in such training, and that the Department of Emergency Services and Public Protection, its commissioners, officers, agents or employees shall not be liable for any injuries sustained during such training.

I also confirm that the applicant is an employee of the Fire Department or affiliated as a member or volunteer of the Fire Department for a minimum of 6 months and has documented proof of meeting the department's Medical and Physical Fitness requirements, is emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet the 29 CFR 1910.134 standard for the use of respirators (Self Contained Breathing Apparatus). The applicant is also at least 18 years of age, has a high school diploma or GED, and has the general capacity for adult learning.

Chief's Name: _____ Chief's Signature: _____

Billing or Payment Information

Course Title: **Recruit Firefighter, Class 67** Course Number: **21226** Date(s): **02/02/2021 to 05/26/2021**

Tuition: **\$6,685.00**

[] Payment will be made by City / Town / FD Purchase Order # _____

[] Please Bill City/Town/FD Name: _____ Fire Chief's Initials: _____

Payments being made other than FD Purchase Order or Billing must be made at time of Registration.

[] Payment by Check (Make check payable to CFPC / Course Number)

[] Payment by Credit Card

Visa or Master Card # _____ Exp. Date: ____ / ____

Card Holder Name (printed): _____

Card Holder's Signature: _____

Please Mail or Fax Application with Payment / Information at least one week prior to Program Start Date to:

Connecticut Fire Academy
34 Perimeter Road
Windsor Locks, Connecticut 06069-1069
Tel.: (860) 627-6363 Fax: (860) 654-1889

Recruit Firefighter Program - Class 67

RECRUIT Office use only

☐ Coordinator
☐ Program Manager
☐ Application Complete
☐ Registration
RECRUIT
NUMBER



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

Recruit No. _____
(Office Only)

Fire Department Contact Information

To Be Completed by Fire Department Staff

General Contact Information:

Chief's Office: Fire Chiefs Name: _____
Phone (____) ____ - ____ ext.: ____ Fax (____) ____ - ____
Email: _____ Cell (____) ____ - ____
Mailing Address: _____
City / Town: _____ Zip: _____

Point of Contact Information:

Who will be the "Primary" Point of Contact (POC) for the department during the Recruit Training Program? What person would be contacted for the most efficient supervisory oversight in routine circumstances and recruit progress? Please note, however, that all issues requiring a fire department contact will be made to the level of supervision outlined and required in the Recruit Program Rules and Regulations.

Primary F.D. POC Rank: _____ Name: _____
Phone (____) ____ - ____ ext.: ____ Fax (____) ____ - ____
Email: _____ Cell (____) ____ - ____

Emergency Contact Person(s):

In the event contact needs to be made after regular business hours ("after hours"), please contact: (ex.: Shift Commander, Training Officer, Chief(s) or Dispatch).

This number must have the capability of being answered after normal Fire Department business hours.

☐ Shift Commander / ☐ Dispatcher (if applicable) Phone (____) ____ - ____

1. Name: _____ Rank: _____ Phone (____) ____ - ____

2. Name: _____ Rank: _____ Phone (____) ____ - ____



The Department of Emergency Services and Public Protection
The Connecticut Fire Academy

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

Recruit No. _____
(Office Only)

For personnel hired by a municipality or who have a current physical per Department Regulations or Policy

Medical Examination Confirmation

To Be Completed by Fire Department Staff

- ☐ The Recruit has been determined to be medically and physically able to perform the duties of the position including, but not limited to, the use of a respirator as the result of a Fire Department **Pre-Employee Medical Examination** on _____.
Date
- ☐ The Recruit has been determined to be medically and physically able to perform the duties of the position including, but not limited to, the use of a respirator as the result of a **Fire Department Medical Examination** on _____.
Date

Signature: _____
(Chief of Department) Date

Chief's Name: _____
Please Print

For personnel who DO NOT have a current Fire Department Physical

Medical Certification

To Be Completed by Fire Department Physician

Recruit applicants who have not had a **Pre-Employment** fire department physical or **Medical Examination** in the past 12 months will be required to consult their fire department physician and complete the certification information below.

I, _____, have examined _____ on _____.
Physician's Printed Name Employee's Name Date

in accordance with the recruit's sponsoring fire department's Medical Examination procedures or the Connecticut Fire Academy's Medical Certification Guidelines.

In addition, I have examined the sponsoring fire department's firefighter job description, and/or National Fire Protection Association (NFPA) 1582. I can confirm from the medical and physical examination that the recruit does not have the presence of any medical or physical conditions which would prevent the individual from performing the essential firefighter job tasks without posing significant risk, and I have determined that the recruit is medically and physically able to perform the duties of the position including, but not limited to, the use of a respirator.

Physician's Signature

*For Questions or Clarification concerns dealing with Fire Department Physicals, Contact the Recruit Program Manager at 860 264-9260 or toll free 1-877-528-3473 Ext. 260
or via email at: eric.munsell@ct.gov*

IAFF/IAFF Candidate Physical Abilities Test

To Be Completed by Fire Department Staff

Class 66 requires a CPAT (Candidate Physical Ability Test) card issued no earlier than August 24, 2018

Date current CPAT card issued: _____



The Department of Emergency Services and Public Protection
The Connecticut Fire Academy

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

Recruit No. _____
(Office Only)

Healthcare Provider Information
To Be Completed by Fire Department Staff

In the event of a medical emergency requiring advance level of care, the Connecticut Fire Academy uses the Bradley International Airport Fire Department Paramedics for R-5 coverage and either the Windsor Locks, Suffield or East Granby Ambulance as the R-2 provider.

For “routine” medical emergencies or evaluations, the Suffield Medical Associates Walk-In Clinic is normally used. There is a CVS Pharmacy conveniently located near the Suffield Medical Associates for prescriptions etc. Additionally, Johnson Memorial Hospital, in Stafford Springs may also be used for routine evaluations and care of orthopedic injuries.

☐ **We agree to use the CFA provider of choice.**

Please check with your “Risk Management” officer or Worker’s Compensation provider if this is not their desired provider for this location of the state.

If required, please provide the information for the nearest recommended Healthcare provider to the Connecticut Fire Academy. If possible we will make every attempt to ensure that your recruit(s) use this listed provider if needed.

Provider Name: _____

Address: _____

Phone: (____) ____ - ____ ext.: ____ Fax (____) ____ - ____



The Department of Emergency Services and Public Protection
The Connecticut Fire Academy

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

Recruit No. _____
(Office Only)

Fire, Live Fire, and Flashover Survival Training
To Be Completed by Fire Department Staff

As the Chief of the _____ Fire Department, I hereby authorize the above applicant to participate in Fire Training, Live Fire and Flashover Simulator Training and experience, and therefore understand that the above mentioned member will be covered by my department's worker's compensation insurance while participating in such training, and the Commission on Fire Prevention and Control, its commissioners, officers, agents or employees shall not be held liable for any injuries sustained during such training. The applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special consideration, and where applicable, to meet CFR 1910.134, regulation for the use of respirators.

I further understand that the Commission on Fire Prevention and Control, its commissioners, officers, agents or employees shall not be held liable for damage to the above mentioned member's protective clothing and equipment while participating in Fire Training, Live Fire and Flashover Simulator training.

I understand that during Recruit and Live Fire Training, and while properly wearing prescribed Structural Firefighting Personal Protective and other clothing, there is the risk of personal injury not limited to abrasion, contusion, laceration, thermal and/or steam burn(s).

Signature: _____
(Recruit Applicant) Date _____

Signature: _____
Signature (Chief of Department or Designee) Date _____

Chief of Department or Designees Name: _____
Please Print



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

Recruit No. _____
(Office Only)

SCBA Fit Testing

To Be Completed by Fire Department Staff

Recruit Applicants are required to be fit tested prior to wearing the respirator in an IDLH or simulated condition, under OSHA 1910.134 fit testing must be performed initially (before the employee is required to wear the respirator in the workplace). The Connecticut Fire Academy offers fit testing to Recruits during initial weeks of training. If the Fire Department has completed Qualitative Fit Testing, then a copy of the Fit Testing report should be submitted by the Recruit on the first day.

- ☐ The FD is submitting a copy of the Quantitative Fit Testing Information
- ☐ **FD Requests Recruit to be Fit Tested by CFA staff**

Clothing Issue

To Be Completed by Recruit

A standard Recruit Uniform is required to be worn by the recruit when they are attending Classes, Skill Sessions or Connecticut Fire Academy endorsed events.

The recruit is also required to wear their Fire Department's standard daily work wear (FD Class B Work Shirt, Navy Trousers, Black or Navy Socks and Black Shoes or Work Boots) for the First day of class, Graduation and Special Events.

Each recruit will be issued the following to be worn when required during the program:

- Three (3) Red Recruit Short Sleeved T-shirts
- Two (2) pair of Grey PT Shorts
- Two (2) Red Recruit Long Sleeved T-shirts
- One (1) pair of Sweat Pants
- Two (2) Red Recruit Sweat Shirts

Please check the size of the items below:

T-Shirt Size	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large	<input type="checkbox"/> XX-Lg.
Sweat Shirt Size	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large	<input type="checkbox"/> XX-Lg.
Sweat Pants Size	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large	<input type="checkbox"/> XX-Lg.
Shorts Size	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large	<input type="checkbox"/> XX-Lg.

The Red Recruit items will be collected at the end of the program



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

Recruit No. _____
(Office Only)

Fire Department Peer Support
To Be Completed by Fire Department Staff and Recruit

The stresses faced by fire service members throughout the course of their careers -- incidents involving children, violence, inherent dangers of firefighting and other potentially traumatic events -- can have a cumulative impact on mental health and well-being. Peer support programs have been demonstrated to be an effective method for providing support to occupational groups, including fire fighters.

In addition, the sudden changes to a Recruit Firefighter's personal life during their attendance in the program will place stresses that the recruit may not be prepared for.

Please provide your recruit with the Fire Department's Peer Support or Employee Assistance Program contact information.

- ☐ The Fire Department at this time does not have an established Peer Support Group/Team
- ☐ The Recruit has been provided Peer Support or EAP contact information

Attendance Requirements
To Be Completed by Fire Department Staff and Recruit

The tremendous instructional demands and contact hours needed to meet the requirements of the Recruit Firefighter Program Certificate make approvals for excused absences extremely unlikely. Recruits should plan their personal schedules accordingly. The Recruit applicant and Fire Department understand that absence from the Program may prevent the Recruit from receiving the Recruit Firefighter Program certificate.

Signature: _____
(Recruit Applicant) _____
Date

Signature: _____
Signature (Chief of Department or Designee) _____
Date

Chief of Department or Designees Name: _____
Please Print

Program Review
To Be Completed by Fire Department Staff and Recruit

The Recruit applicant and a Fire Department designee have reviewed the following information with the recruit applicant prior to attending the Recruit Firefighter Program:

- ☐ Connecticut Fire Academy's Recruit Firefighter Program Rules & Regulations
- ☐ Department of Emergency Services and Public Protection Policies
- ☐ Connecticut Firefighters Physical Fitness Assessment and Preparation Guide
- ☐ Acclimatization to the Training Environment

Signature: _____
(Recruit Applicant) _____
Date

Signature: _____
Signature (Chief of Department or Designee) _____
Date

Chief of Department or Designees Name: _____
Please Print