



MONMOUTH COUNTY FIRE ACADEMY
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FIREFIGHTER 2 REGISTRATION PACKAGE

ELIGIBILITY:

- Firefighter 2 candidates shall have completed a NJ State DFS-certified Firefighter 1 course prior to course start date.
- Firefighters must be a member of a Fire Department with proof of liability insurance.

INSTRUCTIONS

- This package must be completed by the Firefighter and sponsoring Department in its entirety.
- **TYPE** or **LEGIBLY PRINT** all information.
- Include with this package a copy of the Firefighter's documented certification and identification as per page 4.
- Packages must be submitted via email as a PDF or in person. Completed applications should be emailed to MCFMRegistration@mcfmnj.org.
- Packages must be submitted prior to the stated deadline (10 days before the start of class).
- Recruits are accepted on a first come, first serve basis. Classes are limited to 24 Students.
- All incomplete application packages will be rejected. No slots will be held for any Firefighter or Department if an incomplete package is submitted.
- Recruits shall provide a Medical Evaluation form that is completed within one year of the application deadline. The Medical Evaluation form will not be accepted unless the form is filled out in its entirety and contains the physician's signature and office stamp.
- Out-of-county agencies will be charged a fee to enroll. See the Academy website for fee information. No certificates will be issued without payment.

FIREFIGHTER 2 REGISTRATION PACKAGE

MEDICAL EVALUATION

The Monmouth County Fire Academy requires all Firefighter 2 candidates to be medically evaluated prior to enrollment. This form must be completed by a Physician within one year of the application deadline.

Firefighter Candidate

First Name (print) M.I. Last Name

Physical Expectations

The above-named Firefighter will be attending an intense physically and psychologically demanding firefighter training course for the purpose of serving as a Firefighter in his or her community. Some of the activities the Firefighter will participate in, include but are not limited to:

- Wear approximately 50 pounds of personal protective equipment (PPE) including self-contained breathing apparatus (SCBA) while performing various physically and psychologically demanding firefighting tasks.
- Crawl on hands and knees for distances of several hundred feet in severe heat and smoke-filled environments while wearing full PPE and SCBA.
- Conduct fire suppression evolutions such as advancing and operating hose lines while wearing full PPE and SCBA in severe smoke and heat conditions.
- Climb and operate from ladders at heights of 3 stories and more and execute transfers into and out of windows and onto and off roofs.
- Operate with hand and power tools that can cause severe injury to the operator.
- Conduct operations in extremes of weather for extended periods of time.

Physician Review

I have carefully examined the information provided above. After performing a medical evaluation and consulting with the above-named Firefighter, I declare the candidate medically cleared for participation in the Firefighter 2 course without limitations.

Physician first and last name (Print)

Physician Signature

Exam Date

Please place office stamp / seal in this box

FIREFIGHTER 2 REGISTRATION PACKAGE

DEPARTMENT APPROVALS /ACKNOWLEDGEMENTS

Firefighter 2 Candidate

First Name (print) M.I. Last Name

Sponsoring Agency Approval

- The above-named Firefighter is a member in good standing with the Fire Department / Company and has been approved to attend the Firefighter 2 course.
- This registration package is complete, has been reviewed and approved for submission to the Monmouth County Fire Academy.

Worker’s Compensation and Liability Insurance

- I attest that the above-named Firefighter is covered by Worker’s Compensation and Liability Insurance by this organization.

Photo Documentation Checklist (Check applicable box and attach one of the following to this Registration package)

- Copy of Driver’s License
- Copy of Passport ID Page
- Copy of Military / College / County / Government ID

Certification Documentation Checklist (Check applicable box and attach to this Registration package)

- Copy State-Issued Firefighter 1 certification -- mandatory
- Copy of State or Academy Issued ICS-200 Certificate -- optional (online ICS 200 course is not accepted)

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Signature Approval of Department Chief

Chief of Department Name (Print)

Chief of Department Signature Date

FIREFIGHTER 2 REGISTRATION PACKAGE

FIREFIGHTER 2 ACKNOWLEDGEMENT

Firefighter 2 Acknowledgement

- Upon successful enrollment in the Firefighter 2 course, all Firefighters will receive and follow directions on the confirmation email from the Academy.
- Students shall be clean shaven at all times at the Academy as per OSHA 29 CFR 1910.134 regulations. There shall be no beards. Mustaches and goatees will be evaluated for compliance during the Orientation session. Failure to follow these guidelines during the duration of the course will result in an infraction and may result in the firefighter being sent home. In such an instance, the Firefighter will be given no credit for the day and will be required to make up the day in a subsequent course.
- Firefighters shall wear all cotton clothing including long pants to the Academy. No tank tops, synthetic wear of any kind, or hats shall be worn at any time. Further clothing guidelines will be discussed at orientation.
- Firefighters shall report to all classes no later than 15 minutes prior to the scheduled start of class with adequate note-taking materials.
- Firefighters in violation of Academy Rules and Regulations will be issued progressive infractions which may result in termination from course.
- The 96-hour Firefighter 2 course will be conducted on two weeknights and one weekend day each week unless noted in the schedule.

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Signature of Firefighter 2 Student

First and Last Name (Print)

Signature

Date

FIREFIGHTER 2 REGISTRATION PACKAGE

**Responsibilities to be completed by Department / Company
prior to the start of the Firefighter 2 Program**

Firefighter 2 Candidate Name:

The candidate must have successfully completed Firefighter 1.

**COPIES OF THE NJ DFS FF1 CERTIFICATION
SHALL BE ATTACHED TO THIS APPLICATION:**

Firefighter 1 Certification (State Certification only).
The Academy will not accept a FF1 certificate from any Fire Academy. In order for the state to recognize a FF2 certification, the student MUST have his FF1 certification registered with the NJ DFS and MUST submit an official NJ DFS transcript to the Academy documenting same.

NOTE: You may attach the I-200 certificate to allow the candidate to opt out of that part of the course. This cannot be an online certification.

Students who complete this course will get the following 5 certificates:

- Firefighter 2 ICS- 200 Building Construction for the Fire Service
- Alternative Fuel Vehicles Confined Space Awareness

NOTE: The I-200 certificate along with FF1 and 3 years' service qualifies student for IMS Level 1 Certification

NOTE: Once the course has been successfully completed, it is the responsibility of the student to submit the proper documentation to the NJ DFS to be credited with Firefighter 2 at the State level

The candidate has been issued OSHA and NFPA compliant Personal Protective Equipment for structural firefighting for use during the Firefighter 2 Training Program. This includes the following:

- SCBA, spare cylinder, and PASS device
- Turn-out Coat and Turn-out Pants
- Structural firefighting boots or other appropriate footwear
- Helmet / Eye protection
- Protective Hood
- Structural Firefighting Gloves

ANNUAL SCBA RE-CERTIFICATION (to be signed by current Chief of Dept or Training Officer)

I certify that the candidate has successfully completed their annual SCBA re-certification and is qualified on the proper use of SCBA. I further certify that records are available upon request.

Authorized Signature: _____ **Print Name and Rank:** _____

Date of re-certification: _____

ANNUAL MASK FIT CERTIFICATION (to be signed by current Chief of Dept or Training Officer)

I certify that the candidate has had an annual Mask Fit test. I further certify that records are available upon request.

Authorized Signature: _____ **Print Name and Rank:** _____

Date of mask fit test: _____