

## **Bucks County Community College**

## Department of Public Safety Training and Certification Student Enrollment Form

Website: www.bucks.edu/publicsafety

BCPSTC - 1760 S. Easton Rd, Doylestown, PA 18901 LCPSTC - 2912 River Rd, Croydon, PA 19021 Ph: 267-685-4888 Fax: 215-788-4906

Email: psreg@bucks.edu

| 1  | SOCIAL SECURITY NUMBER  |                   | DATE OF BIRTH   |             | ł                                       | BCCC STUDENT |              |                                     | NUMBER   |            | GENE           | DER       |  |
|--|---|-------------------|-----------------|-------------|---|--------------|--------------|-------------------------------------|--|------------|----------------|-----------|--|
| 1  |   |                   | /               |             | 1                                       |              |              |                                     |  |            | ☐ Female       |           |  |
| 1  | TITLE   |                   |                 | CO          | COUNTY OF RESIDENCE (PA Residents Only) |              |              |                                     |  |            | ☐ Mal          | le        |  |
|  | □ Mr. □ Ms. □ Mrs. □ Miss   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| LAS  | LAST NAME   |                   |                 |             | SUFFIX FIRST NAME                       |              |              |                                     |  |            |                | MI        |  |
|  |   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| ADI  | DDECC (Ct. + A 11   | D (1D             | A 11            |             |   |              |              |                                     |  |            | A DT           | /LINITE!! |  |
| ADI  | ADDRESS (Street Address or Postal Box Address)  |                   |                 |             |   |              |              |                                     |  | AP1#/      | UNIT#          |           |  |
|  |   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| 2 CIT  | ГҮ  |                   |                 |             |   |              | STATE        | STATE ZIP CODE                      |  |            |                |           |  |
| 2  |   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| For I  | For International Addresses please use the open line below for City, State or Providence, Postal Codes and Country.   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
|  |   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
|  | CELL (Mobile) Phone No.   |                   |                 |             | E (night-time                           | ONE N        | 0.           | WORK (day-time) PHONE NO.           |  |            |                |           |  |
|  | 11  |                   |                 |             | E (mgnt time                            | OTTE         | <del>.</del> | WORK (uay-time) I HOILE NO.         |  |            |                |           |  |
| 3  |   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| E-M  | E-MAIL ADDRESS:   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| ORGANIZATION/EMPLOYER (Agency you are representing during the course) ORGANIZATION/EMPLOYER PH. No |   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| OK   | ORGANIZATION/EMPLOYER (Agency you are representing during the course)  ORGANIZATION/EMPL  |                   |                 |             |   |              |              |                                     |  |            | LOTEKTI        | 11.110.   |  |
| ADI  | DRESS (Street Address   | s or Dostal Roy   | Address)        |             |   |              |              |                                     |  |            |                |           |  |
| 4  | DRESS (Silect Address   | S OI FOSIAI DOX   | Address)        |             |   |              |              |                                     |  |            |                |           |  |
| CIT  | OVERV.  |                   |                 |             |   |              |              |                                     |  | CODE       |                |           |  |
| CH   | CITY STATE ZIP CO   |                   |                 |             |   |              |              |                                     |  |            | CODE           |           |  |
|  |   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| ME'  | METHODS OF PAYMENT: Select invoice options Section 5A and select method of payment Section 5B   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| 5  | ☐ Invoice the student   |                   |                 |             | ☐ Personal C                            |              | )            | ☐ VISA or ☐ MasterCard: A completed |  |            |                |           |  |
| 5A.  | 5A. ☐ Invoice the Organization/Employer ☐ Bucks & TMP (Silver/Gold/Platinum)  |                   |                 | 5B.         | ☐ Organizat<br>☐ Organizat              |              |              |                                     | Credit Card Authorization Form must be submitted, Form available on our website. |            |                |           |  |
| C  | COURSE NUMBER & SECTION   |                   |                 |             | COURSE TITLE                            |              |              |                                     | START DATE HOURS   |            |                |           |  |
|  | OURSE IVENIDER &  | SECTION           |                 |             | COURSE                                  | 1111         | 112          |                                     | START DE   |            | 11001          | N.S       |  |
| 6  |   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| CO   | COURSE LOCATION:  |                   |                 |             |   |              | COUN         | Y:                                  |  |            |                |           |  |
|  |   |                   |                 |             | AUTHORIZ                                | 7 / 1        | ION          |                                     |  |            |                |           |  |
| A.   | Meets the qualifications  | and age requirer  | nents to attend |             |   |              |              | sites. Copies of                    | certificates must be   | brought to | o first day of | class.    |  |
| B.   | B Is covered by his/her company's WORKERS' COMPENSATION INSURANCE, or is covered by his/her own Health and Medical Insurance while attending  |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| C.   | any course sponsored by the Bucks County Community College.   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| D.   | Will abide by 29 CFR 19   | 910.134 and the   | Pennsylvania    | State Fire  | Academy for b                           | eing         | clean-sha    | ven for classes                     | requiring the use of   | APR or S   |                |           |  |
|  | E. Has no knowledge of conditions that will prohibit full participation in all activities required for successful completion of the class.  Will be responsible to pay for any tuition and/or fees associated with the course, unless otherwise notified by the sponsoring Organization/Employer that is listed                 |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| F.   | in Section above. (See section 5 for information on who should be invoiced and the payment method) (See: Student Financial Responsibilities Agreement)  |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| G.   | G. Junior Fire Fighters (age 17 and under) will abide by all regulations under the Pennsylvania Child Labor Laws and will not register for or participate in any class with drills involving live fire or smoke generated by live fire.   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| 7  | The candidate should meet the requirements of NFPA 1582, Standard on Medical Requirements for Fire Fighters and Information for Fire Department   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| 7 H.   | H. Physicians, within a reasonable period of time prior to entering into physical training or testing to ensure his or her ability to safely perform the required tasks. (See back of this page for further detail of the essential job tasks and descriptions.)  |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
|  | I, the Student have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa.C.S §3301 or any similar offense  |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
|  | I. under any Federal or state law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000. |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
| I.   | By signing this form below you, the student, agree to the first nine items (A thru I) listed above. Registrations will not be processed without Signature of Student.   |                   |                 |             |   |              |              |                                     |  |            |                |           |  |
|  | signing inis jorm below y   |                   | agree to the J  | ist ittic t | tems (21 thru 1)                        | , usici      | i above. 1   | kegisiraiions v                     | ui noi de processeu  | without 5  | Signature of S | Student.  |  |
|  | signing this form below y   |                   | agree to the ji | ist muc i   | <u>wents (21 till ii 1)</u>             | iisiei       | i above. 1   | <u>Kegistrations w</u>              | ui noi ve processeu  | winoui S   | signature of S | Student.  |  |
|  | signing inis form below y   |                   | agree to the J  |             |   | , usie       | i above. 1   | kegisirutions v                     | un not be processed  | without S  | Signature of S | Student.  |  |
|  | SIGNATURE OF ST   | oou, the student, | _               | E SIGN      |   |              |              |                                     | S/SUPERVISOR   |            | DATE SIG       |           |  |



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## Essential Job Tasks and Descriptions from NFPA 1582, 2022 edition

- 1) Wearing personal protective equipment (PPE) and self-contained breathing apparatus (SCBA) while performing firefighting 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, including working in extremely hot or cold environments for prolonged time periods
- 2) Wearing an SCBA, which includes a demand-valve-type positive-pressure facepiece or HEPA filter mask, which requires the ability to tolerate increased respiratory workloads
- 3) Exposure to toxic fumes, irritants, particulates, biological (i.e., infectious) and nonbiological hazards, or heated gases, despite the use of PPE and SCBA
- 4) Climbing at least six flights of stairs or walking a similarly strenuous distance and incline in jurisdictions without tall buildings while wearing PPE and SCBA, commonly weighing 40–50 lb (18–23 kg) and carrying equipment/tools weighing an additional 20–40 lb (9–18 kg)
- 5) Wearing PPE and SCBA 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)
- Working alone while wearing PPE and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 165 lb (75 kg) to safety despite hazardous conditions and low visibility
- 7) While wearing PPE and SCBA, advancing water-filled hose lines up to 1 <sup>3</sup>/<sub>4</sub> in. (45 mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles
- 8) While wearing PPE and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces that might be wet or icy, and operating in proximity to electrical power lines or other hazards
- 9) Unpredictable, prolonged periods of extreme physical exertion as required by emergency operations without benefit of a warm-up period, 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 communicate (i.e., give and comprehend verbal orders) while wearing PPE and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines or fixed protection systems (e.g., sprinklers)
- 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 members of the public or other team members
- 14) Working in shifts, including during nighttime, that can extend beyond 12 hours