CALL/VOLUNTEER RECRUIT FIREFIGHTER TRAINING

PROGRAM APPLICATION INSTRUCTIONS

Application Package Checklist:

1. Completed Call/Volunteer Recruit Firefighter Training Program ***Application*** Form

2. Signed ***Statement of Compliance***. Please review Rules and Regulations before signing this form (compliance form is on the bottom of the application form)

3. Signed ***Protective Clothing Compliance*** form (less than 10 years old gear) (the compliance form is on the bottom of the application form)

4. Copy of pages 1 & 8 of the ***HRD medical form*** (less than one year old to the start date of the class)

5. Student must create a profile in the DFS Learning Management System and indicate the Student ID on the Application Form (Please make sure that your firefighter puts their fire department information in the profile and not their full time occupation information)

6. Student must apply to the Call/Volunteer Recruit Firefighter Training Program
   - Log into the DFS Learning Management System
   - Click on Catalog Search Icon
   - Type 390 into the search field
   - Click on the Call/Volunteer Recruit FF Training Program picture
   - Click on Scheduled Sessions
   - Click on Add to Cart for the location they would like to attend (ex. Stow, Spencer, Fall River, Essex County, Springfield)
   - Click Register on the bottom right hand corner of the screen

Submit the completed application package to:

Email: Recruit.DFS-TM-Academy@mass.gov

Mail: Massachusetts Firefighting Academy
PO Box 1025
Stow, MA 01775

All items must be submitted to complete the application process

Department of Fire Services
Massachusetts Firefighting Academy

CALL/VOLUNTEER FIREFIGHTER TRAINING PROGRAM APPLICATION

Training Location: _____ **Start Date:** _____

Student Name: _____

MFA Student ID: _____

Department: _____

Email Address: _____ **Phone:** _____

MASSACHUSETTS TRAINING COUNCIL PROTECTIVE CLOTHING COMPLIANCE FORM

In accordance with the Massachusetts Fire Training Council policy for Live Fire Training Exercises and Evolutions, this section must be completed for each person who registers for any Academy program which includes live fire training.

I hereby attest that the ensemble (ensemble includes helmet, protective hood, coat, trousers, gloves and boots)

to be used by: _____ provided by: ☐ this department ☐ the student
(print student's name)

will at all times throughout the participation of the live fire training, be less than ten (10) years old. In addition, I further attest that this ensemble also complies with the following standards:

- NFPA 1971: Standard on Protective Ensemble for Structural Firefighting and Proximity Fire Fighting
- OSHA 29 CFR 1910.156(e) (2) (iii)

Chief of Department Signature: _____ Date: _____

Student Signature: _____ Date: _____

MASSACHUSETTS TRAINING COUNCIL STATEMENT OF COMPLIANCE

- I have read the Rules and Regulations. I further understand that my failure to abide by the rules and regulations as set forth can result in my dismissal from the program.
- I certify that I am 18 years of age or older.
- I certify that I have a High School Diploma or GED in order to be eligible for entry into the program.

Chief of Department Signature: _____ Date: _____

Student Signature: _____ Date: _____

Must be submitted to complete the application process

Initial-Hire Medical Standards Medical Examination Form

Commonwealth of Massachusetts Human Resources Division

This form is to be used for all medical examinations performed pursuant to the Medical and Physical Fitness Standards Regulations for Public Safety Personnel. Communities not subject to these regulations may also use this examination form.

Completed by Municipality (type or print in ink)

Name of Examinee (Last, First, Middle) _____

Municipality:_____ Social Security #_____ Date of Birth_____

Appointing Authority Email:_____Dept. Chief Email: _____

Position: ☐ Police Officer ☐ Firefighter

Exam: ☐ Initial Exam ☐ Other Exam (Please explain) _____

Privacy Notice

The collection of the information on this form is authorized under regulations filed with the Secretary of State of the Commonwealth of Massachusetts. This information will be used to determine the fitness-for-duty of public safety personnel. The information may be disclosed to the Municipal Keeper of the Records; an appropriate government agency for law enforcement purposes; where relevant in a legal or administrative proceeding to which the Commonwealth or a Commonwealth municipality is a party or has interest; to a government agency upon its request when relevant to its decision concerning employment or other benefits; to an expert consultant or other person under contract with the Commonwealth of Massachusetts to fulfill an official agency function including audits of services provided under these Medical Standards; to an investigator, administrative judge, or complaints examiner appointed for the investigation of a formal complaint of employment discrimination; to officials with responsibility for administering workers' compensation, disability retirement, and other benefit entitlements; to an examinee's private treating physician; and to medical personnel retained by the Commonwealth of Massachusetts to provide medical services in connection with an employee's health or physical condition related to employment. Completion of this form is voluntary. If this information is not completed, the examination may be considered incomplete. ***Knowingly providing false or incomplete answers may result in the rescission of a conditional job offer or dismissal if discovered at a later time.***

Consent and Certification (Completed by Examinee)

I hereby authorize collection and use of the information on this form for the purposes stated in the above Privacy Notice. I have read and understand the provisions of the Privacy Notice included in this form. I certify that all the information given by me in connection with this examination will be correct and complete to the best of my knowledge and belief.

I also understand that if I fail an initial medical examination, I may undergo a reexamination within 16 weeks of the date of the failure of the initial examination. If I fail to pass the reexamination, my appointment can be rescinded. (M.G.L. Chapter 31, Section 61A.)

Signature of Examinee _____ **Date** _____

It is mandatory that a **signed copy** of this cover page, and a copy of the Medical Verification Section (page 8) be returned by e-mail to PAT@mass.gov.

Name of Examinee_____ **Social Security Number** _____

A. Medical History (completed by examinee before examination)

INSTRUCTIONS: Please answer all questions accurately and completely. If you do not understand any question, you should request clarification from the examining physician. The information provided regarding your medical history and health habits will be used to make a medical assessment of whether you can safely and effectively perform the essential functions of a public safety position. Detailed medical information will be treated confidentially. It is essential that you answer all questions accurately and completely. Please note that a history of a health problem will be carefully evaluated and will not necessarily disqualify you from employment.

Do you now have or have you ever had any of the following: (Check **Y**es or **N**o)

	Yes	No		Yes	No
1. Fracture of skull, jaw or facial bones	☐	☐	40. Stroke, Aneurysm, or Bleeding in head	☐	☐
2. Concussion or other injury to head	☐	☐	41. Multiple sclerosis or muscular dystrophy	☐	☐
3. Thoracic outlet syndrome	☐	☐	42. Myesthenia gravis or ALS	☐	☐
4. Fracture of neck, vertebrae or spine	☐	☐	43. Epilepsy or seizures	☐	☐
5. Recurrent back or neck pain	☐	☐	44. Dementia or memory loss	☐	☐
6. Degenerated or herniated disc	☐	☐	45. Migraines or other severe headaches	☐	☐
7. Back injury or other abnormality	☐	☐	46. Paralysis or muscle weakness	☐	☐
8. Back, spine or neck surgery	☐	☐	47. Other neurological disorders	☐	☐
9. Osteoporosis	☐	☐	48. Eczema or other skin disease	☐	☐
10. Arthritis or joint injury or disease	☐	☐	49. Skin grafts	☐	☐
11. Amputation involving hand or foot	☐	☐	50. Bleeding disorder/anticoagulation	☐	☐
12. Carpal tunnel syndrome	☐	☐	51. Sickle cell disease or trait	☐	☐
13. Other hand or wrist problems	☐	☐	52. Blood clots or thrombosis	☐	☐
14. Dislocation of any joint	☐	☐	53. High or low blood cell counts	☐	☐
15. Injury or abnormality of arms or legs	☐	☐	54. Enlarged or ruptured spleen	☐	☐
16. Need for corrective lenses	☐	☐	55. Diabetes or high blood sugar	☐	☐
17. Deficiency of color vision	☐	☐	56. Thyroid or other endocrine disorder	☐	☐
18. Disease of the eyes or sinuses	☐	☐	57. Cancer, malignancy or tumor	☐	☐
19. Loss of hearing	☐	☐	58. Mental or emotional disorder	☐	☐
20. Exposure to loud noise	☐	☐	59. Mental health treatment of any type	☐	☐
21. Disease of the ear or vertigo	☐	☐	60. Lupus, scleroderma, dermatomyositis	☐	☐
22. Deformity of mouth or jaw	☐	☐	61. Heat stroke, frostbite or burns	☐	☐
23. Speech impediment or disorder	☐	☐	62. AIDS, HIV infection or hepatitis	☐	☐
24. Tuberculosis	☐	☐	63. Any history of alcohol or drug abuse	☐	☐
25. Pneumothorax or collapsed lung	☐	☐	64. Current use of any prescribed drug	☐	☐
26. Bronchitis, asthma or other lung disease	☐	☐	65. Allergies or chemical sensitivities	☐	☐
27. Abnormal electrocardiogram (EKG)	☐	☐	66. Occupational (work) injuries	☐	☐
28. Heart disease or cardiac abnormality	☐	☐	67. Disability or compensation claim	☐	☐
29. Irregular heart rhythm	☐	☐	68. Asbestos or toxic chemical exposures	☐	☐
30. Angina/chest pain/shortness of breath	☐	☐	69. Required light or restricted duty	☐	☐
31. Hypertension/high blood pressure	☐	☐	70. Military rejection or medical discharge	☐	☐
32. Organ transplant	☐	☐	71. Medical treatment in past 12 months	☐	☐

33. Liver, pancreas or gall bladder disease	☐	☐	72. CAT Scan, MRI or other special tests	☐	☐
34. Ulcer or bowel disease	☐	☐	73. Smoked cigarettes or tobacco products	☐	☐
35. Intestinal bleeding	☐	☐	74. Are you pregnant?	☐	☐
36. Hernia of any type	☐	☐	75. Any sleep disorder	☐	☐
37. Kidney or bladder disease	☐	☐	76. Heavy snoring	☐	☐
38. Abnormal balance or coordination	☐	☐	77. Shortness of breath with light activities	☐	☐
39. Fainting, blackouts or dizzy spells	☐	☐	78. Other health conditions	☐	☐

Please explain "yes" answers by referencing item number.

Provide (in the section to the right of each #) pertinent information relative to diagnosis and treatment for each "yes" response. Include dates for injuries, illnesses and follow up treatments. Please use the back of this page if necessary.

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Name of Examinee_____ **Social Security Number** _____

B. Medical Examination

INSTRUCTIONS: After reviewing the Medical History provided in Section E, conduct a comprehensive examination of all systems necessary to determine the examinee's fitness under the applicable public safety position Medical Standards. The examination should include, but not be limited to, the areas listed below. If the examiner finds that the examinee has physical examination findings relevant to a determination of whether the examinee will likely be able to safely and effectively perform the essential functions of the position being considered, the examiner is responsible for documenting all such conditions.

Height_____ **Weight**_____ **Blood Pressure**_____/____ **Temperature**_____

Pulse _____

Vision Testing	Without Corrective Lenses	With Corrective Lenses
Distant	Rt. 20/___ Lt. 20/_____ Both 20/____	Rt. 20/___ Lt. 20/_____ Both 20/____
Near	Rt. 20/___ Lt. 20/_____ Both 20/____	Rt. 20/___ Lt. 20/_____ Both 20/____

Visual Fields (degrees)

Right: Temporal_____ **Nasal** _____

Left: Temporal_____ **Nasal** _____

Color Vision: ☐ **Passed** ☐ **Failed**

EXAMINATION	Normal	Abnormal (Identify by number and explain if abnormal)
1. Skin	☐	☐
2. Head, face and scalp	☐	☐
3. Ears, tympanic membranes	☐	☐
4. Eyes, pupils, fundi, motion	☐	☐
5. Nose, sinuses, olfaction	☐	☐
6. Mouth, throat, speech	☐	☐
7. Neck, thyroid	☐	☐
8. Heart	☐	☐
9. Varicosities, bruits, pulses	☐	☐
10. Chest, lungs	☐	☐
11. Breasts (if indicated)	☐	☐
12. Abdomen, hernia	☐	☐
13. Rectum (if indicated)	☐	☐
14. Endocrine	☐	☐
15. Spinal mobility, alignment	☐	☐

16. Upper extremities, hands ☐ ☐ _____
17. Lower extremities, feet ☐ ☐ _____
18. Muscle strength, tone ☐ ☐ _____
19. Gait, Rhomberg ☐ ☐ _____
20. Balance, coordination ☐ ☐ _____
21. Reflexes ☐ ☐ _____
22. Cranial Nerves ☐ ☐ _____
23. Mental Status ☐ ☐ _____
24. General Appearance ☐ ☐ _____

☐ **MD** ☐ **DO** ☐ **NP** ☐ **PAC (Check one)**

Print name of examining health care provider _____

Signature of examining health care provider _____ **Date** _____

Name of Examinee_____ **Social Security Number** _____

C. Laboratory and Diagnostic Tests

INSTRUCTIONS: Three diagnostic tests are **required** under the Medical Standards. Although not specifically required under the Medical Standards, additional tests may be performed. Some tests **may be required** by the appointing authority or approved by the appointing authority to further evaluate conditions detected on the medical history form and/or during the physical examination. For each test performed indicate below whether the results were **normal** or **abnormal** and document any abnormal results in Section H. **Copies of all laboratory reports should be attached to this form as part of the permanent record**.

REQUIRED TESTS:

A. Spirometry* ☐ Normal ☐ Abnormal

B. Audiogram* ☐ Passed ☐ Failed

C. Purified Protein Derivative (PPD) Test or interferon-gamma release assay (IGRA) for tuberculosis[6]

☐ Negative ☐ Positive

OTHER TESTS:

D. D. Urine Dipstick* ☐ Normal ☐ Abnormal _____ Sp. Gravity_____ Protein_____ Sugar_____

E. E. CBC* ☐ Normal ☐ Abnormal

F. F. Chemistry panel* ☐ Normal ☐ Abnormal

G. Urine drug screen* ☐ Negative ☐ Positive

H. Electrocardiogram* ☐ Normal ☐ Abnormal

I. Chest X-Ray* ☐ Normal ☐ Abnormal

J. Hepatitis B Immunization* Dates of Immunizations: #1_____#2_____#3 _____

K. Tetanus Immunization* Dates of Immunizations: _____

L. Other* _____

[6] *Applicants with newly found positive tuberculosis test results must be evaluated in consultation with a tuberculosis specialist regarding need for treatment and any restriction on participation in activities involving close contact with others.*

**The candidate should be informed of abnormal results in these evaluations in writing so he/she may consult with his/her primary care physician.*

D. Additional Notes

INSTRUCTIONS: Use this section to summarize any additional medical history information, abnormal physical examination findings, abnormal diagnostic or laboratory test results, and any other relevant information obtained during your evaluation. Please note that sufficient information must be documented so that your decision-making process is clear to any reviewer in the event that the examinee appeals an adverse fitness determination.

In the event that an examinee does not pass the examination, please document in the Medical Verification Section whether **each** disqualifying condition represents a Category A or Category B condition, as defined in the Medical Standards. If Category B, please explain below why you determined that the examinee's condition precluded his or her safe and effective performance of one or more of the essential functions of the public safety position. Additional pages (i.e. transcription notes) may be attached to this form. Also, note in section F(Category B medical alert form) of this form any medical conditions that, though not immediately disqualifying, may either need to be assessed through functional performance or that have a medically reasonable chance of progression to a point where they may adversely affect safe and effective performance of the relevant essential job functions.

_____

_____

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_____

☐ **MD** ☐ **DO** ☐ **NP** ☐ **PAC (Check one)**

Print name of examining health care provider _____

Signature of examining health care provider _____ **Date** _____

E. Medical Verification Section

INSTRUCTIONS: Review the medical history, physical examination documentation, diagnostic test results, and laboratory reports in relation to the applicable public safety position Medical Standards and make a determination (regarding) whether the examinee meets all requirements of the Medical Standards. Conditions classified under Category A in the Medical Standards preclude an examinee from work in the public safety position. Conditions listed under Category B in the Medical Standards require careful individual consideration and may require further evaluation to determine whether the condition would preclude this individual from safely and effectively performing the essential functions of the public safety position. If there is uncertainty regarding an examinee's health status or functional abilities which could be resolved with additional information, the examinee should be offered the opportunity to provide medical records, reports from medical specialists, or any other relevant information in order to determine passed or failed status. In this case, the examinee should be advised by the examining physician as to what information is needed for follow up. He or she should be provided with a reasonable, but specific amount of time during which to provide the reports to the examining physician, who will thereafter advise the municipality of the status of the examinee.

If an examinee fails an initial medical examination, he or she is eligible to undergo a reexamination within 16 weeks of the date of the failure of the initial examination. If the examinee opts for a reexamination, he or she must arrange it with the municipal authority.

NOTE: In cases where the medical examination has been performed by a nurse practitioner or physician's assistant, a doctor of medicine or osteopathy must sign this Medical Verification Section.

When all necessary information has been received and reviewed, complete this Medical Verification Section and distribute per instructions below. Medical examination records are the property of the municipal authority. They must be kept accessible for the duration of the examining physician's contract for use in the event of an audit, appeal or disability proceeding. If the contract terminates or expires, the physician will be instructed to transfer these records to his or her successor. The physician, however, may retain copies of his or her own examination reports and selected materials.

Name of Physician_____

Address of Physician_____ **Telephone:** _____

Date of Medical Examination:_____ **for Fire Department** ☐ **Police Department** ☐

Physician Email: _____

PHYSICIAN'S CERTIFICATION OF FITNESS

I have reviewed the medical examination for the following examinee using the Human Resources Division's Medical Standards Program for Public Safety Personnel:

☐ Initial Exam
☐ Other Exam (Please explain) _____

_____

_____

Name of Examinee: _____ Social Security #: _____

Home Address:_____

Home Telephone:_____

Physician must certify whether candidate ***passed*** or ***failed*** the medical exam:

☐ **I hereby certify that the above named examinee *passed* the medical examination.**

Or

☐ **I hereby certify that the above named examinee *failed* the medical examination.**

Section Failed _____	Category A ☐	Category B ☐
Section Failed _____	Category A ☐	Category B ☐
Section Failed _____	Category A ☐	Category B ☐
Section Failed _____	Category A ☐	Category B ☐
Section Failed _____	Category A ☐	Category B ☐
Section Failed _____	Category A ☐	Category B ☐

PHYSICIAN'S NOTICE OF EXAMINEE'S FAILURE TO PROVIDE COMPLETE & ACCURATE MEDICAL HISTORY
(See Privacy Notice on Page 1 of this form and please provide comments below and attach documents if necessary.)

☐ **MD** ☐ **DO** ☐ **NP** ☐ **PAC (Check one)**

Print name of examining health care provider _____

Signature of examining health care provider _____ **Date** _____

The Medical Verification Section must be returned to the Appointing Authority. The Appointing Authority will forward the Medical Verification Section, along with a signed copy of page one of this Medical Examination Form to the Human Resources Division (HRD). These Sections may be e-mailed to PAT@mass.gov

F. Category B Medical Alert Form

INSTRUCTIONS: The purpose of this form is to ensure that a passing examinee with one or more Category B conditions which do not result in a failure, but do represent a potential future risk to the examinee in terms of his/her future health and ability to safely perform the duties of a police officer/fire fighter based on the existing medical understanding of the progression of the condition, is notified of the condition(s) and the recommendation to monitor the condition(s) on a regular basis. In addition, given the inherent risk to the individual and others while serving in a public safety position, the same information will be provided to the appointing authority. It is the responsibility of the examining physician to determine when it is appropriate to use this form, to ensure that the form is completed properly, and to inform the examinee in person and the appointing authority by phone or mail. *[NOTE: Upon request, the examinee can be provided with a copy of this form.]*

Completed by the Physician
LISTING OF CATEGORY B CONDITION(S) (such as diabetes, disease of the eye, etc.) **THAT REPRESENT A POTENTIAL RISK TO THE EXAMINEE:** Be specific regarding each condition and the current status as of the examination date listed above.

Completed by the Examinee Immediately after Presentation by the Examining Physician

ACKNOWLEDGEMENT OF RECEIPT OF SUPPLEMENTAL MEDICAL INFORMATION:

The examining physician presented and explained the medical condition(s) listed above. By signing this form, I acknowledge that:

- I asked questions of the examining physician to ensure I understood the medical condition(s) at least at a basic level that would enable me to discuss the issues with my personal physician.
- I understand that the condition(s) does not disqualify me from being hired as a police officer/fire fighter.
- I understand that it is the recommendation of the examining physician that I discuss the condition(s) with my personal physician and develop an ongoing plan for monitoring my condition since it is likely to progress at some point in the future and it is impossible to predict how quickly or slowly that change may take place.
- I understand that given the inherent risks to myself, other members of the department, and the public while performing the duties associated with a police officer/fire fighter, the same information will be shared with the appointing authority.
- I acknowledge and give my permission for the physician to release my personal medical information specific to the condition(s) listed above ONLY to the appointing authority.

My Name (Printed):_____ Today's Date: _____

My Signature: _____

Completed by the Physician

PERFORMANCE OF RESPONSIBILITIES:

I acknowledge informing the examinee of the potential risks listed above on the date listed on this form.

I also informed the appointing authority of the existing conditions for this individual and recommendation for ongoing monitoring of the individual through: (check one)

☐ a formal letter (attached) ☐ an e-mail (printed and attached)

Signature of Physician: _____

Date of Examination:_____

Name of Examinee (Printed): _____

Name of Physician (Printed): _____

Rules and Regulations
For the
Call/Volunteer Recruit Firefighter Training Program
Massachusetts Firefighting Academy

UNIFORM

A. Students should report to each training session in a clean departmental work uniform, Class B pants and shirt, black belt and black shoes or boots. All t-shirts and polo shirts shall be home department labeled or shall be plain navy. T-shirts worn under another shirt shall be navy blue only. Dungarees may not be worn in place of uniform pants. Sneakers shall not be worn at any time. Only the Student's fire department sweatshirt and/or firefighting turnout coat shall be worn while at the training site. No other coats, jackets or hooded sweatshirts are acceptable.

B. No hats or caps are permitted any time or place.

C. No glasses other than prescription glasses or clear safety glasses will be worn at the Academy or other training sites.

D. All Students shall be clean-shaven when they arrive for each training session. Mustaches may be allowed if allowed by the Student's departments; however, in no case shall beards or any facial hair, which may impair the safety of the Student or the proper operations of self- contained breathing apparatus, be worn. If a question of impairment arises, the MFA will have final determination if the facial hair needs to be removed.

E. Hair shall be cut neatly and Students shall be well groomed. Students with long hair will have the hair secured in back neatly, away from the facial area, during the training day.

F. Any jewelry, i.e. chains, earrings, necklaces, facial piercings, tongue piercings etc. that presents a safety hazard, shall not be allowed. If a question of safety arises, the MFA will have final determination if the item presents a safety hazard and shall be removed.

G. All clothing worn under personal protective equipment (PPE), will be Department Class B uniform or a cotton t-shirt. Shorts are not permitted to be worn under any PPE.

H. Graduation: A clean class B departmental uniform shall be worn for graduation. No t-shirts or polo shirts will be allowed. The Student must wear a collared uniform shirt with a department patch. Badge is optional, but encouraged.

DEPORTMENT

A. No obscene or abusive language may be used and no obscene or offensive literature shall be brought onto any academy training site.

B. All gambling is prohibited at any academy training site.

C. Alcoholic beverages and/or narcotics are prohibited and may not be consumed at any academy training site or during any break period or lunch hour. Students who appear at any training session while under the influence of, or suspected to be under the influence of, alcoholic beverages or any illegal substance will not be allowed to participate in training for the day and their department notified as to the alleged condition of the Student. Students will not be allowed to leave the academy training site until a departmental decision is made for their safe transportation back to the Student's respective community.

D. No smoking, chewing of tobacco or snuff shall be allowed during classes, in the classroom or at any training site.

E. No visitors other than Chiefs of Department and/or Training Officers shall be allowed at any academy training site. All visitors shall check in with the Lead Instructor.

F. All electronic devices including but not limited to cell phones, beepers, department radios, smart watches ,pagers and devices that would give an undue advantage shall remain in the student's vehicle during the training sessions.

G. No telephone calls shall be placed by a Student unless in the event of an emergency during training and then after receiving permission from the Lead Instructor.

H. "Mr.", "Sir", Ms. or "Ma'am" shall be used when addressing Lecturers and Instructors.

I. All Students and visiting officers will be respectful and courteous to each other, the staff, and all others. Harassment and/or disrespectful comments of a personal or sexual nature will not be tolerated.

J. Gum chewing, eating and drinking (except for the MFA issued water bottle) in the classroom and all other training areas is not allowed. Only water shall be used in the MFA water bottles.

K. Audio/video recorders and still photography equipment shall not be allowed except by permission from the Program Coordinator.

SAFETY RULES AND REGULATIONS

A. Students will keep clear of any training equipment, building or prop unless accompanied by an MFA instructor.

B. Horseplay will not be tolerated. Any infraction of the Rules and Regulations or breach of discipline will be cause for immediate dismissal from and failure of the training program.

C. All personal vehicles will be parked in the area designated the first day of class. Students will not return to their vehicles without permission of the Lead Instructor.

D. All Students while engaging in training exercises must wear full protective clothing. Full protective clothing according to the NFPA shall include; turnout coat, turnout pants, helmet with eye protection, earflaps and chinstrap secured under chin, gloves, boots and hood.

E. All gear will be inspected the first night by the MFA. Students are required to have a full set of NFPA compliant turnout gear from the first class forward. If any turn out gear is not in NFPA compliance the Student will be notified and given an opportunity to correct the deficiency. Under

no circumstances will any Student be allowed to participate in any live fire evolutions without fully compliant turn out gear.

F. While participating in training evolutions, including going between training stations, Students shall be fully dressed using all of their protective equipment unless directed differently by the Lead Instructor. When wearing turnout gear, it will be properly worn and secured including the use of chinstraps, gloves, coat closed and properly secured, etc. Protective hoods worn over the head unless changed by the Lead Instructor. Any Student not in compliance with the above turnout gear requirements will not be allowed to participate in the training and will not receive credit for the training session.

G. Students will bring to all classes a Department SCBA with a full cylinder and a spare full cylinder. All bottles must be within current hydrostatic date in order for the bottle to be refilled. This shall be brought on the first training day and every training date. The SCBA and spare bottle will be inspected on the first training day.

H. All students must pass in the mask fit test results that are within a year to the start date of the class (effective for all classes beginning November 2020).

ATTENDANCE

A. Students shall not leave the training sites during classes. This includes all-day sessions Students shall make lunch arrangements ahead of time for full day sessions.

B. Any Student who anticipates being absent or is absent from recruit class due to illness or injury shall be required to notify the Lead Instructor and their Fire Chief. The Student shall also complete an absence report immediately upon return to class following any absence. Absence reports will become part of the Student's permanent record and copies shall be forwarded to the Chief of Department.

Any illness or injury which requires a Student to miss ***two*** (2) or more consecutive recruit training classes shall be required to present upon their return to recruit training a written medical authorization from a Physician or Physician Assistant stating the reason for the absence and must include authorization for the Student to return back to recruit training on *"full-duty with no restrictions"*.

If necessary, following a one (1) class or longer absence due to minor illness or injury, the Program Coordinator or Lead Instructor may request other supporting documentation in order to determine if a Student's fitness for duty to return to full training activities is appropriate.

C. Unexcused absences will not be tolerated. Any unexcused absence shall be evaluated as to the impact and effect on the Student at the attainment of proper skills and knowledge necessary to complete all graduation requirements. Any unexcused absence may be considered as grounds for dismissal from the class, and may result in consultation between the Chief of Department, academy representative, and the Student, as to the Student's continued attendance in the program. All Students will be allowed a total of eighteen hours of excused absence. If a Student is late for class, the time tardy will be deducted from the eighteen hours allowed.

D. Students who miss more than **eighteen hours** of absence will not meet the requirements for graduation from the class and shall be dismissed from the class. When a Student exceeds the eighteen hours they shall be removed from the class. A Student whom is dismissed for exceeding the eighteen hours must take the entire course over to attain completion of the program. Absence

abuse may result in consultation between the Chief of the Department, the program representative and the Student as to the Students continued attendance in the program.

E. A Student must have all required turnout gear and SCBA to participate in practical skills. Students who fail to bring the required gear will not be allowed to participate and will be considered absent from the skills training. Attendance and active participation in all practical skill evolutions is a course requirement for graduation from the class. Any Student who is absent from practical skill classes may be subject to dismissal.

F. It is the Student's responsibility to be in attendance for the class roll call. Students who are tardy will be marked tardy for the period of time they missed. Constant abuse of punctuality will result in a consultation between the Chief of Department, the Program Coordinator and the Student resulting in possible dismissal from the program.

G. Attendance at and active participation in **ALL** live fire evolutions as well as the maze trailer and maze is considered a requirement for graduation. Any Student absent or whom does not participate in any live fire evolution or maze training shall be subject to immediate dismissal.

H. Missing a Mandatory Day- Missing a mandatory day prior to the final exam/certification exam will result in IMMEDIATE dismissal from the program. In the event a student misses any mandatory days after the final exam/certification exam that student will have the ability to make up any missed mandatory days with either of the next two consecutive classes that are being delivered. The classes to be made up will be the exact days that the student previously missed. Students who miss any of these mandatory days will not be able to graduate from the program until all mandatory days missed have been completed. Any change in the training schedule that results in the inability to have the exact days made up, will result in the Coordinator of the program and the Director of the Fire Academy agreeing on skills that need to be completed in order to finish the training program. A list of the mandatory days will be issued to the students in their acceptance packages.

I. Attendance shall mean participation in and performance of all tasks that take place during the training day.

J. Any Student unable, for any reason, to participate in training shall be counted as absent for the entire training day.

K. Student shall have an obligation to notify the academy, in writing, of any change in fire department employment status also their phone number or address

MISCELLANEOUS

A. Students must have a high school diploma or a GED in order to be eligible for entry into the program.

Violation of any of the above rules, regulations, or requirements shall be cause for appropriate punitive action leading to dismissal from the training program.

CLASS CANCELLATIONS

If any class is canceled for any reason including inclement weather the MFA will take all possible steps to contact the Students prior to the training session. It is important that the Student keep the MFA informed

of all current contact information (i.e. telephone number). The program coordinator will set up a telephone call matrix with the Students of each class.

REQUIREMENTS FOR SUCCESSFUL COMPLETION OF TRAINING

No Student will graduate from the training program if, in the opinion of the Training Staff, Program Coordinator and/or MFA Director the Firefighter displays any of the following:

A. Failure, refusal or inability to climb or work from all types of fire department ladders in the performance of firefighting practices. Failure to Climb Aerial Ladder to assigned height.

B. Failure, refusal or inability to wear self-contained breathing apparatus in the performance of accepted firefighting practices. This is to include the tendency to display any indication of claustrophobia.

C. Failure, refusal or inability to operate effectively or as directed during live fire operations

D. Failure, refusal or inability to operate effectively in the presence of heat, smoke, flame or gases.

E. Failure to perform all academy evolutions in accordance with program policy as prescribed by the academy instructors. No other method shall be accepted.

F. Failure to attend, perform and operate effectively at all live fire training sessions.

G. Failure, refusal, or inability to proficiently advance and operate 1 ¾ " and/or 2 ½ " hose lines while flowing appropriate gallonages using both fog and solid hose streams. Hose lines may require deployment to areas above and/or below grade within a structure. These skills will be completed as part of a two or three person hose line team.

H. Failure to complete successfully the execution of at least two stipulated exercise encompassing the training maze.

I. Evidence of deception, cheating or collaboration during a written examination will result in dismissal from the program.

J. The Student Final Grade Point Average of 70% is the minimum average for passing the program.

GRADING SYSTEM FOR WRITTEN EXAMINATIONS

A. **Final grades will be determined as follows:**

- **Program Average-** The program average will be determined by averaging all of the quizzes together to count as one exam score. This score (the average of all the quizzes) will then be averaged with the other four written exams administered throughout the program and will be the academic Program Average for the Student. This averaged percentage will count for 50% of the Students Final Grade Point Average.

- **Final Exam-** A final written examination that will count for the other 50% of the final grade.

- **Student Final Grade Point Average-** The final grade point average for the Student will then be determined by averaging the overall program average and the final exam score.

B. **Grades achieved on written examinations will be calculated as follows:**

- Total Average of all Quizzes will equal One Exam Grade
- Students must achieve a minimum average of 70% in the four intermediate written examinations and the Quiz grades to be eligible to take the final written examination.
- After each intermediate exam, all Students who are not maintaining a minimum average of 70% will participate in a counseling session with the Call/Volunteer Training Coordinator.
- Students who do not achieve a minimum grade average of 70% after four intermediate examinations and one Quizzes grade, and who mathematically cannot raise their average to a minimum 70%, shall be dismissed from the program and can repeat the entire program at a later time.
- Students must achieve a minimum of 70% for their final Grade Point Average in order to graduate from the program.
- Students who do not receive 70% for their final Grade Point Average after the first attempt on the final exam will be provided an opportunity to retake the examination. Failure to obtain a minimum Student Grade Point Average of 70% will result in dismissal from the program and the Student can repeat the entire program at a later time.

GRADING SYSTEM FOR PRACTICAL EVOLUTIONS

Practical evolutions will be subject to grading at all times during the program. The individual techniques, evolutions, and proper sequence of accomplishment as stated in the drill manual or appropriate reference, i.e., instructor reference, Student handout, etc. for the purpose of grading, have been divided into two categories; Major Errors and Minor Errors.

MAJOR ERRORS – Major errors are those errors that are classified as an act or omission that does any of the following:

- Endangers the safety of personnel
- Prevents the placing of water on the fire
- Requires the assistance of another member of the crew for the evolution to be successful
- Causes total breakdown of the evolution due to lack of completion of a key technique
- Results in undue loss of time

Committing a major error will result in the Student being charged with five deficiency points for each error.

MINOR ERRORS – Minor errors are those acts or omissions that, while incorrect, will not:

- Impair the safety of personnel
- Impairs placing water on the fire
- Prevents completion of the evolution

Committing a minor error will result in the Student being charged with one deficiency point for each error. Minor errors will not be charged against the Student if, in the opinion of the Instructor, the Student, without assistance from any other Student, instructor or visitor, discovers and corrects the mistake within the given time period.

CONSULTATIONS REQUIRED BY ACCUMULATION OF DEFICIENCY POINTS

- At **30** points, the Student shall meet with the Call/Volunteer Coordinator*
- At **75** points, the Student shall meet with the Call/Volunteer Coordinator* and the Director of the Fire Academy* and his/her Department Chief*
- At **120** points the Student shall meet with the Call/Volunteer Coordinator* and the Director of the Fire Academy* and his/her Department Chief* and shall be terminated from the program

*or their designee

SUBJECTIVE EVALUATIONS

Subjective evaluations will be written as necessary by all instructors to document each Student's performance. These evaluations may be positive and/or negative in nature and will be written when a Student operates outside the scope of his/her training skills during either a graded or non-graded evolution.

Subjective evaluations will be written to document a Student's unprofessional or unsafe behavior, inability to operate within fire academy guidelines and training procedures, and non-compliance with the Rules and Regulations for the Call/Volunteer Firefighter Recruit Training Program.

A subjective evaluation as written by an Instructor, and verified by the Coordinator or their Designee, that meets any of the following criteria: endangers the safety of personnel, impairs placement of water on the fire, requires the assistance of an Instructor for the evolution to be successful, causes the breakdown of the evolution due to lack of completion of a key technique, will be given five deficiency points.

There shall not be more than three of these counted that would amount to not more than 15 total deficiencies as a result. The Coordinator or their Designee must verify this particular subjective before points are assessed. If no points are assessed, then it will be treated as a normal subjective with a copy sent to the Chief.

If a subjective of this type is written, and points are assessed, then a consultation will be held with the Program Coordinator*, the Chief of the respective department, and the Student.

These subjective evaluations shall be limited to areas that have no grading associated with them, but still represent issues that could cause personal injury or meet the above stated guidelines:

- All live fire scenarios including live fires with extinguishers and car fires.
- The Draeger maze
- All gas evolutions, including vapor releases
- Aerial ladder practical evolutions
- Timed combined evolutions (after grading)
- Extrication practical scenario
- Rescue over ladders

If review of these evaluations indicates a need for realignment of a Student's behavior or performance (as observed by an individual Instructor or the Call/Volunteer Program Coordinator, all available methods will be utilized by the Academy to correct this behavior or performance. For those with adverse reports, the subject evaluations may be a contributing factor in prohibiting or denying graduation from the Academy.

REPORTS TO CHIEF OF DEPARTMENT

The following written reports and grades are sent to the Chief of Department:

- Student progress report consisting of Grade Average, time missed and deficiency points. These will be generated after Exam 2 and Exam 3
- Late arrival and absence reports
- All injury reports
- Subjective Evaluations
- Deficiency Consultation Forms

WARNING AND DISMISSAL NOTICES

A. Warning notices shall be issued to Students for the following reasons:
   - Academic deficiency
   - Failure to comply with Rules and Regulations

B. Warning notices shall become a part of the Student's file with a copy sent to the Chief of Department.

C. Dismissal notices shall be issued from the Fire Academy Director to Students who fail to meet the graduation requirements as set forth in the Rules and Regulations or who fail to comply with the Rules and Regulations.

D. Students dismissed are not allowed to graduate with the class or to attend the closed Certification test scheduled for this class.

PHYSICAL REQUIREMENTS, DISABILITIES, INJURIES AND ILLNESS

A. All Students shall be at least eighteen (18) years of age by the first day of class. All Students must show a picture ID in order to be allowed entry into the first day of class.

B. All Students shall be required to participate in vigorous physical activities.

C. Any student with a diagnosed disability seeking a reasonable accommodation should, at the earliest time possible (but no later than thirty (30) days prior to the start date of the program), make a written request for such reasonable accommodations to the DFS Civil Rights Officer. Every request must be accompanied by either medical documentation by a qualified provider documenting the disability and providing the reasonable accommodations sought; or, in the alternative, a student may, if applicable, submit a valid individual education plan (IEP) which documents a learning disability and reasonable accommodations. Such IEP may not be older than five (5) years from its date of issue. All written requests will be acknowledged in writing within ten (10) business days, and approved or denied within twenty (20) business days of receipt unless further medical or technical documentation/evaluations are required by the Civil Rights Officer, who has granted such extension of time.

D. All Students shall inform the Program Coordinator of any learning disability that may impede their progress in the program, prior to the first day of class. Reasonable accommodations may be requested with approved documentation of the learning disability submitted to the MFA.

E. All Students are required to inform the Program Coordinator of any physical infirmities that they may have on their first day of class.

F. All Students are required, upon entry, to report to the program coordinator, or OD if they are using any form of medication.

G. All Students are required to report any injury or illness to the OD immediately

H. A Doctors note will be required for Students to return to class after they are absent for serious illness or injury.

The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services
P.O. Box 1025 ~State Road
Stow, Massachusetts 01775
(978) 567~3100 Fax: (978) 567~3121

MAURA HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

TERRENCE M. REIDY
ACTING SECRETARY

JON M. DAVINE
STATE FIRE MARSHAL

Request for Reasonable Accommodations

The Massachusetts Firefighting Academy (MFA), a division of the Massachusetts Department of Fire Services, and the Massachusetts Fire Training Council (MFTC), are committed to equal opportunity for individuals with disabilities to access firefighter programs and training. In conformity with the Americans with Disability Act, Section 504 of the Rehabilitation Act of 1973 (where applicable) Massachusetts General Law and the Governor's Executive Order # 526, the MFA and MFTC will provide reasonable accommodations to qualified individuals with a disability if such accommodations do no fundamentally alter the nature of the program or affect academic requirements essential to the program.

Any student with a disability should make a written request for reasonable accommodation at the earliest time possible but no later than thirty (30) days prior to the start date of the program by contacting Mary Travers, Civil Rights Officer at (978) 567-3145 or via email at Mary.Travers@mass.gov . Every student requesting reasonable accommodations must provide medical documentation of disability to the Civil Rights Officer.

Each request will be handled confidentially and may require follow-up information to be filed directly with the Civil Rights Officer.

All written requests will be acknowledged in writing within ten working days, and approved or denied within twenty working days of receipt unless further medical or technical documentation /evaluations are required by the Civil Rights Officer who has granted an extension of time. For more information, please refer to the attached MFA Reasonable Accommodation Policy.