

IRSC - Fire Basic Recruit Academy Application

You will need to secure digital copies of the following paperwork, where applicable, to upload as part of the application process.

Required

- Sex Offender Registry Check (www.nsopw.gov)
- Nationally Registered EMT Certificate or Test Date (NREMT)
- Passport photo
- Comprehensive Medical Form (See next page and also available on our website at the bottom.)
- EKG printout
- Drug Screening
- Florida Driver's License
- Florida DMV Driving Record History (Noncertified is acceptable) (<https://mydmvportal.flhsmv.gov/Home/en/Account/Landing>)

If Applicable

- Military Form DD-214
- NFSI score report
- College Diploma
- Associate's Degree Diploma
- Nationally Registered Paramedic Card
- List of prescribed medications and warnings
- Employment verification on Company Letterhead (If working for a fire or police agency.)

***You may upload or drag & drop any of the above-mentioned required documents in the Upload Section on page 16. Files should be in one of the following formats: PDF, DOC, PNG, JPEG, or TXT.**

****The information on this application and any files transmitted with it are confidential and intended solely for the use of IRSC.**

Fire Academy Schedule

Summer 2026

Summer: April 27, 2026 thru August 6, 2026

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Estimated Academy Expense Sheet

(All fees are subject to change)

Tuition:

Course Number	Course Name	In-State Tuition	Out-of-State Tuition
FFP 0030	Fire Academy 1	\$1,302.35 (Includes \$13.39 Insurance Fee)	\$2,563.01
FFP 0031	Fire Academy 2	\$2,195.56	\$3,823.21
	Totals	\$3,497.91	\$6,386.22

Additional Fees:

Administrative:

Department of Financial Services	\$30.00
IRSC Fingerprinting	\$55.50
IRSC Practice Physical Agility Test	\$40.00
IRSC Physical Agility Test	\$60.00
Total	\$185.50

IRSC Bookstore Purchases:

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Recruit Materials	\$500.00
Total	\$500.00

Foundation Purchase:

Firefighting Performance Objective Book	
Total	\$59.95

Uniform Purchases:

Full Set of Uniforms Includes: 2 shirts, 2 pants, 2 t-shirts, 1 long-sleeve t-shirt, 2 shorts, 1 belt, 1 tie, 1 cap, and set-up on 3 t-shirts (Total does not include tax or letters for name.)	
Total	\$325.00

Personal Protective Equipment (PPE) Purchase:

Protective Gear - Students are responsible for their own PPE rental.	
Total	\$1,000.00-\$1,200.00

Other Administrative Costs:

Academy User Fee	\$99.59
Hearing Exam (Subject to Change)	\$40.00
Physical Exam (Subject to Change)	\$100.00
Drug Screening (Subject to Change)	\$30.00
Total	\$269.59

Approximate Total Tuition and Fees In-State Out-of-State
\$6,037.95 \$8,926..26

Below it the four page, Comprehensive Medical Form that you will have to have completed and signed by a physician, physician assistant licensed to practice in the State of Florida pursuant to Chapter 458, F.S.; or an advanced registered nurse practitioner licensed to practice in the State of Florida pursuant to Chapter 464, F.S. No CHIROPRACTORS allowed to sign to give this physical.



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INDIAN RIVER STATE COLLEGE

Fire/Rescue Department

PHYSICAL EXAMINATION DIRECTIONS

IMMUNIZATIONS MAY TAKE 30 DAYS TO COMPLETE, SO MAKE AN APPOINTMENT AS SOON AS POSSIBLE.

FRONT OF FORM

1. Student to complete the top portion of the form.
2. Physician or nurse practitioner to complete the bottom portion of the form, sign, and date, including the complete address and phone number of the facility. Form will not be accepted without this information completed. (Cannot be a Chiropractor.)

BACK OF FORM

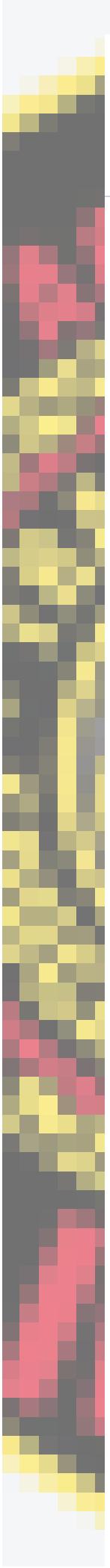
- I. **Tuberculin Test:** Follow your healthcare provider's procedure for Tuberculin Skin Testing Method. If Tuberculin Skin Test or Quantiferon Gold Test is positive, have chest X-ray taken or complete the symptom-free checklist if you have had a positive chest x-ray in the past. This test is valid for one year from the time of reading, and must be valid through the end of each semester. (If the TB expires during the semester, it must be updated prior to registering for the semester.)
- II. **MMR:** (Measles, Mumps, Rubella Vaccine) – (a) Proof of two vaccines (physician requires that there be one month between vaccines), or (b) proof of immunizations by titer, or (c) exempt from vaccine if born before 1/1/57. If born after 1/1/57, must have proof of two (2) MMR vaccines after age one (1).
- III. **Tetanus/Diphtheria/Pertussis:** Proof of immunization within the last seven years. (If the Tetanus expires during the semester, it must be updated prior to registering for the semester.)
- IV. **Hepatitis Vaccination:** (a) Proof of either two Heplisav B or three Hepatitis B immunizations and positive surface antibody test 1-2 months after all doses, or (b) Positive Hepatitis B Titer. If you do not have (a) or (b) sign to decline immunization at this time.
- V. **Varicella Status:** (a) Known history of chickenpox with positive Varicella Titer, or (b) 2 doses of the Varicella Vaccine.
- VI. **Annual Influenza (Flu) Vaccine:** Vaccine must be done every year.
- VII. **Physician or Nurse Practitioner** must initial each section where data is entered then sign and date at the bottom.

All health information that is not documented on health forms must have:

1. Letterhead from institution or physician or nurse practitioner.
2. Signature of physician or nurse practitioner.
3. Date immunization or update was given.



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DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

MEDICAL EXAMINATION TO DETERMINE FITNESS FOR FIREFIGHTER TRAINING
BUREAU OF FIRE STANDARDS AND TRAINING

Please print legibly.

NAME: LAST FIRST MI STUDENT ID

Indian River State College

TRAINING CENTER E-MAIL ADDRESS CONTACT PHONE NUMBER

For the medical professional conducting the examination: The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of a firefighter as described on page 2. The examination is required by section 633.412, F.S., before an individual starts firefighter training.

This medical examination must be completed by a physician, surgeon, or physician's assistant licensed to practice in this state pursuant to chapter 458, F.S.; or an osteopathic physician, surgeon, or physician's assistant licensed to practice in this state pursuant to chapter 459, F.S.; or an advanced practice registered nurse licensed to practice in this state pursuant to chapter 464, F.S.

Such examination must include, at a minimum, the following:

Dermatological system, Cardiovascular system	Ears, eyes, nose, mouth, throat
Clinical evaluation of 12 lead EKG	Auditory hearing in the pure tone
Systolic and Diastolic Blood pressure	Far visual acuity corrected or uncorrected
Respiratory system	Peripheral vision
Gastrointestinal system	Genitourinary system
Endocrine and metabolic systems	Musculoskeletal system
Neurological system	

For the medical professional conducting the examination to complete: (sign in appropriate box)

Based on the results of this medical evaluation, the applicant:

Has no pre-existing or current condition, illness, injury, or deficiencies. <u>The applicant is medically fit to engage in firefighter training.</u>	Has a pre-existing or current condition, illness, injury, or deficiency that presents a safety or health risk in the environment or job functions of a firefighter. <u>The applicant is not medically fit for firefighter training.</u>
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Signature

Signature

Completion Required (please print)

Name of medical professional signing form

Date signed

Office address

Office telephone number

DFS-K4-1022, Rev. 01/18
Rule 69A-37.039, F.A.C.

LABORATORY TESTS AND IMMUNIZATIONS

Student Name: _____ Student ID: _____ Program: _____

PLEASE INITIAL EACH SECTION AND SIGN BOTTOM OF PAGE

To be completed by Health Care Practitioner

I.

Tuberculin Skin Test	Date Administered:	Date Read:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
OR			
Quantiferon Gold Test	Date Drawn:	Date Read:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
OR			
Chest X-Ray	Date:		<input type="checkbox"/> Positive <input type="checkbox"/> Negative

II.

If born after 1/1/57, must have proof of two (2) MMR vaccines after age one (1).

MMR Vaccine	Date:	Date:	
OR			
Rubella Titer	Date:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	
Rubeola Titer	Date:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	
Mumps Titer	Date:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	

III.

Tetanus/Diphtheria/Pertussis	Date:	<input type="checkbox"/> Valid within the last 7 years
OR	Tetanus Titer	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Diphtheria Titer	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Pertussis Titer	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune

IV.

Hepatitis B Vaccine		Date:	Date:	Date:	Surface Antibody Test: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
OR	Heplisav B Vaccine		Date:	Date:	Surface Antibody Test: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
OR	Hepatitis B Titer		Date:		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
OR					
Sign declination if all immunizations and Surface Antibody Test are not complete or titer results were negative.					
I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.					
Signature (if declining) _____					

V.

Varicella Titer		Date:	<input type="checkbox"/> Immune	<input type="checkbox"/> Not Immune	
OR					
Varicella Vaccine		Date:			
		Date:			

VI.

Influenza (Flu) Vaccine		Date:
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VII.

I certify that the above tests and/or vaccinations were performed in this office or laboratory, or documentation was provided to me by the patient.

(If the above tests and/or vaccinations were *not* performed in this office, documentation of agency performing the tests and/or immunizations is provided).

Licensed Health Care Practitioner Signature: _____ License #: _____

Print Name: _____ Date: _____

IRSC is an AA/EO educational institution.

IRSC 515A (Revised 1/2025)

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Page 2

Essential Job Tasks and Descriptions from NFPA 1582, 2018 edition

1. Performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting, carrying heavy objects, ventilating roofs or walls using power or hand tools, and forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods. (5.1.1.1)
2. Wearing an SCBA, which includes a demand valve-type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads. (5.1.1.2)
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA. (5.1.1.3)
4. Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more and carrying equipment/tools weighing an additional 20 to 40 lbs. (5.1.1.4)
5. Wearing fire protective ensemble that is encapsulating and insulated and SCBA, 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). (5.1.1.5)
6. Wearing personal protective ensemble and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility. (5.1.1.6)
7. Wearing personal protective ensemble and SCBA, advancing water-filled 2 $\frac{1}{2}$ diameter hose lines from fire apparatus to occupancy [approximately 150 ft.], which can involve negotiating multiple flights of stairs, ladders, and other obstacles. (5.1.1.7)
8. Wearing personal protective ensemble and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards. (5.1.1.8)
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration. (5.1.1.9)
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens. (5.1.1.10)
11. Performing critical, time-sensitive, and 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. (5.1.1.11)
12. Ability to give and comprehend verbal orders while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers), hear alarm signals, and hear and locate the source of calls for assistance from victims or other firefighters. (5.1.1.12)
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 civilians or other team members. (5.1.1.13)

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Financial Aid and Scholarship Opportunities

Financial Aid:

Please be aware that the **Fire Academy (Basic Fire Recruit)** is **NOT** eligible for the following **Federal Financial Aid Opportunities:**

- Pell Grant
- FSEOG
- Subsidized Stafford Loan,
- Unsubsidized Stafford Loan
- Parent Loan for Undergraduate Students PLUS

Even though you may have been receiving Federal Financial Aid during any previous term of attendance, once you enter the Fire Academy, your Federal Financial Aid may be stopped. Please contact the Financial Aid Office with questions.

You are encouraged to seek other funding assistance for this program, such as the Workforce Innovations Opportunity Act (WIOA) program. Information on this program is available at any **Florida One-Stop Center**. Students may also qualify for the **Florida Bright Futures Program** and receive funds. Agency sponsorship is yet another possible option.

Scholarships:

Scholarships are available for the Fire Academy. For more information on available scholarships and the application process, please visit irscfoundation.org.

Questions:

If you have any questions about possible **Financial Aid** opportunities, contact Annette Bracero, the Director of Financial Aid. Her email is abracero@irsc.edu. She is located in the W Building. She is experienced and may suggest other options to help you defray the costs of the academy.

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GET SCHOLARSHIPS IN 15 MINUTES OR LESS

Examples of Available Scholarships:

Last year, we awarded **\$3,000**
to an IRSC student pursuing
a degree in Nursing (B.S.N.)

Last year, we awarded **\$3,000**
to an IRSC student for
a certificate in Fire Sciences

~\$3 MILLION

In scholarships awarded by IRSC last year alone!

APPLY IN 4 EASY STEPS:

1

Apply to Indian River
State College (IRSC)
and activate your IRSC
email account

2

Go to irsc.student.awardedsoftware.com

3

Sign in with your IRSC
email + password

4

Complete your
scholarship profile
+ submit



SCHOLARSHIP APPLICATIONS
OPEN JANUARY 1ST!

APPLY FOR SCHOLARSHIPS
AT IRSC!

Any Questions?
Contact Us @ scholarships@irsc.edu



INDIAN RIVER
STATE COLLEGE

Application Requirements

Minimum Qualifications:

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- Must be 18 years of age or older
- Must be high school graduates or equivalent (GED)
- Must complete fingerprinting, a Level 2 background check, and a self-assessment
- Must have been released or discharged from the military honorably (If Applicable)
- Must never have been convicted of any felony, misdemeanor involving perjury, a false statement, or domestic violence. An applicant shall also be disqualified if they have committed a misdemeanor that involves "moral turpitude". Legally, moral turpitude has been defined as "*conduct contrary to justice, honesty, modesty, or good morals*".
- Must pass a thorough medical and hearing examination
- Must have the ability to participate in vigorous physical activities without restrictions
- Must possess a valid Florida Driver's License (An applicant may be disqualified based on traffic violations. This would be due to the number and type of violations reported on their driver's license history report.)
- Must be a U.S. citizen
- Must be drug-free
- Must never have been in a formal or informal criminal gang or associated with any gang members as defined by FSS 874.03.
- Must be of good moral character

Terms and Conditions *

All information provided in this application must be complete, accurate, and truthful. Any false statement, omission, or misrepresentation of facts may result in immediate disqualification from the selection process or, if discovered after enrollment, dismissal from the program.

By submitting this application, you acknowledge that the information you provide is true to the best of your knowledge and that verification of your statements may be conducted through background checks, reference contacts, or other means deemed necessary by the

Check the box to certify.

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Applicant Signature *

Today's Date *

dd-MMM-yyyy



Treasure Coast Public Safety Training Complex

Fire Academy Application

For more information, please visit <https://www.tcpublicsafetytraining.com/>.

This application will require approximately 60 minutes to complete. If you do not finish in one session, click SAVE at the bottom of any page. You will be given a link to COPY to a secure location, so you can access and finish the application at a later time.

If you have any questions about completing the application, email Glenn Burkett at gburket@irsc.edu or call 772-462-7960.

Enter Student Last Name *

Enter Student First Name *

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Enter Street Address *

Enter your street address.

Enter City, State, and Zip Code *

Enter your address including city, state and zip code.

Cellphone *

Select Date of Birth *

dd-MMM-yyyy

[Click in the box and select your date of birth from the calendar.](#)

IRSC Student ID Number

Email *

Emergency Contact *

Instructions: Please enter the name of your emergency contact and their relationship to you. Ex. John Miller - Father or Sue Wilson - Wife/Spouse

Emergency Contact Phone Number *

Enter the phone number of your emergency contact.

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Class Preference Choice *

- Day Class
- Evening Class

Instructions: Please indicate your preferred class time -- Day or Evening. While we will make every effort to accommodate your preference, placement cannot be guaranteed due to the volume of applicants.

Apply to IRSC *

You will need to follow this link <https://irsc.edu/program/fire-science/> to apply to IRSC.

- By checking this box I verify that I am currently an IRSC student or agree to apply to IRSC before I can be accepted into the Fire Academy.

Please Check Your Status and Provide Documentation for All that Apply

You will upload any documents in the UPLOAD SECTION later in the application

Check All That Apply

- Full-time employee of a Fire or Public Safety Agency (If Applicable)
- Paramedic Certificate (If Applicable)
- High School Diploma or GED
- Associate's Degree (Upload a diploma, certificate, or transcript)
- Bachelor's Degree (Upload diploma or transcript)
- Military (Requires DD-214 - Upload below if applicable.)

Background Check

In order to be compliant with Florida state statute 633.412, described below, a detailed background investigation will be conducted of all firefighter applicants.

§ 633.412 requires:

To be **certified as a firefighter**, applicants must meet the following criteria:

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- 1. Be at least 18 years old and a high school graduate or equivalent (GED). Not have convictions** for certain crimes—specifically, no misdemeanor related to certification (such as perjury or false statements), no felony, or crime punishable by one year or more, and not dishonorably discharged from the U.S. Armed Forces.
- 2. Submit fingerprints** for background processing.
- 3. Demonstrate good moral character**, as established via an investigation.
- 4. Be in good physical condition**, as determined via medical examination.
- 5. Be a non-user of tobacco** or tobacco products, nicotine products, or vaping/e-cigarette products for at least one year prior to application, confirmed via a sworn affidavit.

The Indian River State College Public Service Education Division complies with all federal and state nondiscrimination, ADA, and HIPAA regulations. No applicant will be required to disclose private medical information, medications, or personal data unrelated to program eligibility. Medical evaluations will be conducted confidentially through a licensed healthcare provider as part of the clearance process.

Self Assessment

Read and answer each question below to the best of your knowledge. This is to ensure IRSC is not in violation of any federal, state, or local law.

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Legal Questions *

	Yes	No
1. Do you give Public Service Education of IRSC permission to conduct a background investigation? *	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a background investigation conducted? *	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been arrested? *	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted of or pled No Contest to a felony or misdemeanor? *	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of any domestic violence charge? *	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of any sex crime charge? *	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been placed on a list of sexual offenders? *	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been precluded from possessing a firearm? *	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you currently have a court-ordered, restraining order issued against you? *	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have any pending court cases? *	<input type="checkbox"/>	<input type="checkbox"/>
11. Were you ever fired, forced to resign, or resigned on your own prior to being terminated, because of misconduct or unsatisfactory work performance? *	<input type="checkbox"/>	<input type="checkbox"/>
12. Were you ever the subject of any disciplinary action while a member of the military? *	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever had an encounter with the police due to alcohol/drugs? *	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had a bank or credit card account canceled, suspended, or charged-off for failing to pay as agreed? *	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you currently delinquent on any debt or financial obligation, including credit cards? *	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you currently delinquent on alimony or child support payments? *	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had your driving privileges suspended or revoked? *	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you now or have you ever been associated with a formal or informal gang or associated with known gang members, as defined by FSS 874.03? *	<input type="checkbox"/>	<input type="checkbox"/>

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Personal and Medical Questions *

	Yes	No
19. Do you currently hold a valid CDL or have experience operating specialized motorized equipment? (If Yes, please upload a description/information about your driving skills.) *	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever applied or have been rejected by any Police/Fire Agency or Training Academy? *	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have family members, past or present, serve in the Fire Service? *	<input type="checkbox"/>	<input type="checkbox"/>
22. You will be required to obtain medical clearance from a licensed physician verifying your ability to safely participate in Fire Academy training. Do you understand that medical clearance is required before acceptance? *	<input type="checkbox"/>	<input type="checkbox"/>
23. Are you currently under a doctor's care? If so, upload an explanation. *	<input type="checkbox"/>	<input type="checkbox"/>
24. Are you a US citizen? *	<input type="checkbox"/>	<input type="checkbox"/>
25. Are you a veteran? *	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you currently serving with the National or State Guard? *	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you currently employed? *	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you have any tattoos, scars, marks, or other permanent body art or modification deliberately placed on your body, for the purpose of decoration, ornamentation, or adornment? *	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you ever publicly shared on social media, any content of a sexual nature, or material that could be deemed inappropriate, controversial, damaging to the reputation of the fire service or reflective of poor judgment or immaturity? *	<input type="checkbox"/>	<input type="checkbox"/>
30. Are there any incidents in your personal/professional life you have not disclosed, that could compromise the high standards expected of firefighters as you protect lives, maintain public trust, and uphold the honor of the profession? *	<input type="checkbox"/>	<input type="checkbox"/>

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Follow-up to Question 21 - Family Members in Fire Service

Instructions: If you answered YES to question 21 above, please enter the name of the relative, along with the city and state where they are stationed. Ex. William Mitchell - Dallas, TX

Follow-up to Question 27 - Employment Status *

Instructions: If you are employed, what is the name of the company, the address of the company, and the position you hold? Ex. CVS Pharmacy 45 Route 1, Vero Beach, FL 32966, Cashier or No

Follow-up to Question 28 - Tattoos, Body Art and Piercings

Instructions: If you have tattoos, body art or piercings, please enter where on your body the work is located and what it is. Ex. A DOG TATTOO on my BACK or a SKULL and CROSSBONES TATTOO on my UPPER ARM.

Follow-up to Question 30 - Social Media Presence *

Instructions: In the above box, please enter ALL of your "Social Media Presence" information. Include each app/website, along with your "Screen Name". For example, FACEBOOK & BSMITH or TikTok & VIDEOGUY

Indian River State College
Basic Fire Recruit Academy

Access to Student Records Consent

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Access to Student Records *

I hereby authorize Indian River State College to release any and all information about my performance(s) regarding the Basic Recruit Fire Academy.

By checking this box, I accept the **Terms and Conditions** listed above.

Indian River State College Basic Fire Recruit Academy

Receipt of Fire Fighter Minimum Standards Training Program Regulation Manual

Minimum Standards Regulation Manual *

I acknowledge that I will be given a copy of the Indian River State College, Fire Academy Regulation Manual for Basic Fire Recruit Training, the first day of classes.

In addition, I **agree that my failure to comply with the guidelines outlined therein could lead to disciplinary action up to and including dismissal from the program** and loss by default, my opportunity to participate in the State Firefighter Certification Examination process conducted by the State of Florida, Bureau of Fire Standards and Training Division.

By checking this box, I accept the **Terms and Conditions** as listed above.

Indian River State College Basic Fire Recruit Academy

National Fire Selection Inventory (NFSI) Requirements

Who Needs to Take This Test:

1. If you were in the **9th grade in Florida BEFORE 2003-2004**, you must take this test.
2. If you went to high school in a **state other than Florida**, you must take this test. However, if you have an Associate's Degree or higher, you do not need to take this test.

Registration:

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Students will register for the NFSI through the "**Register Now**" link located on the website www.tcpublicsafetytraining.com. Please make sure you are registering for your academy class number's assigned testing dates and not the open employment testing registration date. Each class will have multiple dates and times available. When creating your registration account, please make sure you are entering your correct Social Security Number, as all NFSI testing is assigned by this identifier.

Test Detail:

- The test takes 2 1/2 hours to complete.
- There are 155 questions. (Cognitive and Personality)
- **It costs \$80.00 each time you take the test.**
- You must bring a photo ID to register for the test date/time.

Attempts and Scores:

A passing score on the NFSI is 70%. Each student will be allowed three attempts at the test. All students applying for the IRSC Fire Academy must take the NFSI at IRSC during the assigned dates for the academy for which you are attending.

Study Guide:

Study guides are available for purchase from www.publicsafetyrecruitment.com.

Score Report:

After you complete the NFSI, you will receive a printed score report. A copy of your printed score report should be uploaded in the box below. If you have to take the NFSI, please email a copy of the results to Glenn Burkett at gburkett@irsc.edu.



Fire Academy Class Fingerprint Information Sheet

BY APPOINTMENT ONLY

Please call (772)462-7961 to schedule an appointment.

Date of Birth (YYYY/MM/DD) *

Instructions: Please enter your DOB in this format - Example: 1966/06/30 (YYYY/MM/DD)

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Full Name *

Last Name, First Name, and Middle Name

Place of Birth *

Instructions: Enter the COUNTRY and CITY if outside the USA, otherwise the CITY and STATE. Example - Montreal, Canada or Dallas, Texas

Gender *

Male

Female

Race *

Eye Color *

Pick the color of your eyes from the dropdown menu.

Hair Color *

Pick the color of your hair from the dropdown menu.

Height *

Instructions: Height in feet and inches. Example - 6' 3" or 5' 9"

Weight *

Instructions: Please enter your weight as a THREE-DIGIT NUMBER.

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Treasure Coast Public Safety Training Complex Miscellaneous Receipt Transmittal Form



(This is the fee for fingerprinting.)

FUND 3 - Criminal Justice Assessment Center Selection Center

Revenue Category: Other Sales and Services 46600
93110.27 (Starting FY23)
(Non-Taxable Revenue for Selection Center Services)
Ex. Fingerprinting

Go to <https://tcpublicsafetytraining.gosignmeup.com/public/Course/browse?courseid=25522>

Upload Section

This section will allow you to upload multiple documents required as part of the application process. You may either **upload or drag & drop** all needed documents in the fields below.

Please name your files before uploading them to avoid any confusion as to what the document contains.

Question Explanations

If you have answered YES to any of the above questions that you would like to clarify, write a statement of explanation in the above box. (Other than questions 1, 24, 25, 26, or 27)

Upload Florida Driver's License (In Color) *

sample.pdf

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Upload Florida DMV Driving Record *



Upload Comprehensive Medical Form *



Upload EKG Printout *



Sex Offender Registry Printout *



Upload Passport Photo (In Color) *



Upload Employment Verification for a Fire or Law Enforcement Agency (If Applicable)



Instructions: If you work for a fire or law enforcement agency, upload verification on department letterhead.

Upload a copy of your NREMT Certification



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Date of NREMT Test

dd-MMM-yyyy

If you are currently in an EMT Program, please click in the above box and select your anticipated NREMT Test date.

Upload Paramedic Certificate (If Applicable)

 sample.pdf

Upload Your High School Diploma or GED *

 sample.pdf

Upload Associate's Degree Diploma (If Applicable)

 sample.pdf

Upload College Diploma or Transcript (If Applicable)

 sample.pdf

Upload Military Discharge Form DD-214 (If Applicable)

 sample.pdf

Indian River State College
Basic Fire Recruit Academy

Hold Harmless Agreement

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Hold Harmless - Please scroll down in the box below, and carefully read the entire **Terms and Conditions for the Waiver and Release of Liability** before signing. *

Waiver and Release of Liability

Waiver and Release of Liability

In consideration for being permitted to participate in the Basic Firefighter Recruit Academy and related practice sessions at the Treasure Coast Public Safety Training Complex, I, the undersigned applicant, acknowledge and agree as follows:

1. **Assumption of Risk**

I understand that participation in the Basic Firefighter Recruit Academy requires strenuous physical activity, including but not limited to running, climbing, lifting, and carrying heavy equipment. I acknowledge that these activities involve inherent risks of injury, illness, or even death. I voluntarily assume all such risks, whether known or unknown, associated with participation in the Basic Firefighter Recruit Academy.

By checking the box, I accept the Terms and Conditions.

Signature *



By signing this application, I agree to all of the Terms and Conditions of the Hold Harmless Agreement. I also attest that all of the information provided on the application is true and accurate, to the best of my knowledge.

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