

# ANTELOPE VALLEY COLLEGE FIREFIGHTER I ACADEMY



## Fall 2022 APPLICATION PACKET

Please read the entire packet before filling out your application. All information pertaining to the application process and the current requirements are explained in this packet. Applicants are encouraged to attend one informational meeting prior to filing an application. Any questions you may have concerning the Academy would be answered at the meeting.

**ANTELOPE VALLEY COMMUNITY COLLEGE DISTRICT  
HEALTH AND SAFETY SCIENCES DIVISION  
FIRE TECHNOLOGY (FTEC)**

3041 W. Avenue K  
Lancaster, California 93536  
(661) 722 6300 ext. 6012

To: Fire Academy Applicant  
From: Mark Gilman, Director  
Subject: FireFighter 1 Academy Application Process

The AVC Fire Academy is scheduled to begin Tuesday, August 16, 2022 The graduation date is scheduled for May 5th 2023

The attached information includes application forms for the FireFighter 1 Academy at Antelope Valley College. It will be a part-time academy held over the Fall 2022 and Spring 2023 semesters. Class will meet on Tuesdays and Thursdays from 9:30 AM to 2:05 PM, and on Fridays from 7:00 AM to 6:30 PM. The registration process for this class will be announced.

Please ensure that you completely fill out all of the necessary forms and the supporting documents outlined on the Fire Academy application checklist. Application packets are due no later than June 9th, 2022 at 4:00 PM. Incomplete packets will NOT be considered for further processing. This includes sponsored applicants. It is your responsibility to make sure that your application packet is complete. You will not be notified if your packet is incomplete.

The following are the advisory courses for the FireFighter 1 Academy:

ENG	099
MATH	070
READ	099
FTEC	111 (Required)

Medical examinations are a requirement of the Academy and must be completed by the application filing. See attached information pertaining to medical examinations. This form can be hand written.

If you are a sponsored Los Angeles County Fire Department Call-Firefighter you must submit a letter of verification of sponsorship with your application. This letter should include the signature of the Call-Firefighter Coordinator. Being sponsored will NOT waive any of the necessary forms or requirements to process your application.

All candidates must provide proof of having passed the Candidate Physical Ability Test (CPAT) or Biddle Physical Ability Test, within 12 months before the start date of the fire academy (8/16/21). Candidates must have the ability to pay all costs and fees required for the Academy. In addition, the candidate must provide the date he/she attended the Academy Informational Meeting in the designated area on the application.

DO NOT call our office asking if you have been selected or if you can know where you are on the waiting list. We will send notification of being accepted or not.

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3041 W Avenue K  
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(661) 722-6300 ext. 6958**

**About the  
Antelope Valley College Basic Firefighter 1 Academy**

The Antelope Valley College Fire Academy has been designated by the California State Board of Fire Services as a Basic FireFighter 1 Academy. It provides the education and hands-on training required by most fire agencies for entry-level employment as an apprentice firefighter.

The Fire Academy provides 480 hours of expert instruction in a part-time format. The course of instruction starts with the fall semester and is completed by the end of the spring semester. Class meets on Tuesdays and Thursdays from 9:30 AM to 2:05 PM and on Fridays from 7:00 AM to 6:30 PM. Some scheduling may be required on other days.

All coursework is referenced to, complies with, and in most cases exceeds, the California State Board of Fire Services Firefighter 1 curriculum, leading to certification as Firefighter I. Graduates of the academy are awarded an Antelope Valley College "Certificate of Proficiency" and receive the following certifications and/or certificates:

SFT	LARRO
SFT	ICS 200
SFT	Fire Control
NWCG	S-110 Basic Fire Suppression
NWCG	S-130 Firefighter Training
NWCG	S-134 LCES
NWCG	S-190 Introduction to Wildland Fire Behavior
NWCG	L-280 Followership to Leadership

In addition to the certification and/or certificates listed, a rigorous physical fitness program is included in the Academy. Students desiring to enter the Academy are required to have completed a medical examination and CPAT/Biddle. See the attached information pertaining to the medical examination and CPAT or Biddle.

**Cost**

Students will be required to pay the enrollment fee, buy their own books and materials, and purchase uniforms and safety equipment. The cost of the Academy is approximately \$3,200.00.

# FIRE ACADEMY APPLICATION INSTRUCTIONS

**The Academy is open to all students who meet application and deadline requirements on a first come, first served basis.**

## **Filing Applications**

Our office will start accepting complete application packets as of June 6th 2022 at 10:00 am.

Completed applications and supporting documentation, including sponsorship for Fire Academy Class # 14, must be received in the Fire Technology Office no later than June 9th, 2022 at 4:00 PM. Do not leave your application packet with any of your instructors at the college, or the counseling office.

NOTE: It is your responsibility to ensure delivery of your application packet to, Health and Safety Sciences Office, UH 198

## **Registration**

The enrollment process for the class will be announced.

## **For additional information**

For additional information and to answer questions you may have on the Fire Technology Program, the Basic Fire Academy, and the Fire Academy application process, please contact Mark Gilman at (661) 722-6300 ext. 6012.

Links:

[Biddle Test](#)

[CPAT](#)

## **Medical Exam**

You may use a physician of your choice. To obtain a voucher for a medical exam, email: [http://studenthealth@avc.edu/](mailto:http://studenthealth@avc.edu/)

(Explain that you are applying for the AVC Fire Academy)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## FIRE ACADEMY APPLICATION CHECKLIST

This checklist is provided to assist you in completing and turning in all items and forms necessary to process your application packet. **Please use and attach this form to the top of your application.**

All items listed below must be provided to submit your application. **DO NOT** submit your packet until all items listed are completed and included.

### ITEMS NEEDED:

- Provide the date you attended the required Academy Informational Meeting in the designated area on the application. \_\_\_\_\_
- Completed Fire Academy application and supporting documentation, due no later than June 9th, 2022 at 4:00 PM to Health and Safety Sciences Office, UH 198
- Sponsorship Letter (applicable only to LACoFD Call Firefighters)
- Applicant's current resume.
- Completed Photo Release form
- BLS Certification
- Completion of FTEC-111 (Copy of unofficial transcript accepted)
- Completed Medical Examination forms

Proof of having passed the CPAT, within one year of academy start date

Signature in the designated area on the application verifying your ability to meet the financial responsibilities for required safety equipment, uniforms, textbook, fees and supplies.



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**FIRE ACADEMY  
IN-SERVICE SPONSORSHIP VERIFICATION**

I hereby certify that \_\_\_\_\_ is a call-when-needed firefighter with the Los Angeles County Fire Department.

I further certify that the skills and knowledge acquired by this member in the Academy will be utilized by this department in the day-to-day emergency operations of the department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Call-Firefighter Coordinator

Printed  
Name: \_\_\_\_\_  
Call-Firefighter Coordinator

Duty Location: \_\_\_\_\_ Phone Number \_\_\_\_\_

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**FIRE ACADEMY MEDICAL EXAMINATIONS**

Medical examinations are a requirement of the Fire Academy and are due at the application filing. It is important that you start the process of the medical examination as soon as possible so that you will have the results prior to the date indicated above.

Your medical examination can be done through Antelope Valley College or by your personal physician. The examination at the college is free to those students who do not have insurance. There will be a ten dollar\* (\$10.00) fee to those who have medical insurance which covers the examination.

To schedule an appointment through the college, email [studenthealth@avc.edu](mailto:studenthealth@avc.edu) or call (661) 722-6683. Provide your student ID, name and phone number. Explain that this is for the Fire Academy.

NOTE: Medical examinations scheduled at the college must be performed prior to the conclusion of the spring semester. (May 7th, 2022)

The necessary medical examination forms (Record of Medical History and Medical Examination) have been provided for your convenience. Only these forms may be used. Complete the portion that is to be filled out by the candidate and take the forms with you for your medical examination. Incomplete medical examination forms can result in your application being denied.

\*Medical Examination fees are subject to change.

Program: \_\_\_\_\_

Student ID: \_\_\_\_\_



**ANTELOPE  
VALLEY  
COLLEGE**

Health and Safety Sciences  
3041 West Avenue K  
Lancaster, CA 93536-5426

**HEALTH HISTORY AND PHYSICAL EXAMINATION**

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE NO. \_\_\_\_\_ M F (Circle one)

**NEXT OF KIN OR PERSON TO NOTIFY IN CASE OF EMERGENCY:**

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Include city) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

In case of emergency, can this person make medical decisions for you? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PLEASE ANSWER "YES" OR "NO" REGARDING THE FOLLOWING ILLNESSES OR CONDITIONS:**

	<b>Yes</b>	<b>No</b>
• Hearing problems (loss of hearing, ringing in ears, other)	_____	_____
• Vision problems (glaucoma, cataract, color blindness, other)	_____	_____
• Breathing difficulties (shortness of breath or chronic cough)	_____	_____
• Asthma or other chronic respiratory disease	_____	_____
• Hernia	_____	_____
• Chronic or recurring pain in any of the following which limits movement (describe)		
Neck _____	_____	_____
Arm _____	_____	_____
Wrist _____	_____	_____
Hand _____	_____	_____
Back _____	_____	_____
Hips _____	_____	_____
Knees _____	_____	_____
• Heart condition or heart disease	_____	_____
• Hypertension	_____	_____
• Seizure disorder or epilepsy	_____	_____
• Diabetes	_____	_____
• Skin conditions which cause recurrent eczema, irritated skin or skin lesions	_____	_____
• Allergic reaction or sensitivity (please specify)		
Drugs _____	_____	_____
Food _____	_____	_____
Latex _____	_____	_____
Other _____	_____	_____
• Psychiatric, nervous, or mental disorders (describe)	_____	_____
_____		
• Psychiatric treatment	_____	_____
• Do you have a medical condition which may require treatment?	_____	_____
If yes, please specify _____		

What prescribed medications are you currently taking? \_\_\_\_\_

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## REPORT OF PHYSICAL EXAMINATION

To be renewed annually

1. Height _____	7. Pulse Rate _____
2. Weight _____	8. Lungs _____
3. Eyes _____ Vision: Uncorrected R20/____ L20/____ Corrected R20/____ L20/____ Color Perception _____	9. Skin _____
4. Ears: Right _____ Left _____ Hearing: Right _____ Left _____	10. Feet _____
5. Heart: Rhythm _____ Murmurs _____	11. Bones/Joints/Muscles _____
6. Blood Pressure: Systolic _____ Diastolic _____	12. Hernia _____
	13. Varicose Veins _____
	14. Abdomen _____
	15. Hemorrhoids _____
	16. Genitourinary System _____
	17. Laboratory Findings – Urine and CBC

**Attach urinalysis results and complete blood count (CBC). Results must be completed within the past year.**

The physical and emotional demands of nursing, respiratory care or radiologic technology include the ability to:

- Maintain emotional stability and to understand how to cope with stress during crisis situations.
- Exhibit written and verbal communication skills.
- Use hands to finger, handle or feel objects, tools or controls; reach with hands and arms, and talk or hear and smell.
- Walk, stoop, kneel, crouch, and crawl. Occasionally to sit and climb or balance, push, pull or bend.
- Lift and/or move up to 30 pounds; perform all direct patient care activities, transferring, bathing, ambulating, and feeding procedures.
- Manipulate various sizes of equipment and supplies; perform CPR and charting activities.
- Use close vision, distance vision, color vision, peripheral vision, depth perception and adjust focus.

\_\_\_\_\_ can participate in the activities listed above without restriction \_\_\_ Yes \_\_\_ No  
(Student Name)

If restrictions, please identify: \_\_\_\_\_

*Restrictions do not necessarily exclude an individual from the program.*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Physician, Certified Nurse Practitioner, Certified Physician's Assistant)

MEDICAL GROUP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

## IMMUNIZATIONS

### **MUST COMPLETE ENTIRE FORM AND PROVIDE DOCUMENTATION OF THE FOLLOWING:**

#### **1. MEASLES/MUMPS/RUBELLA VACCINE**

*Need documentation of two doses. The vaccines need to be separated by 4-6 weeks. Titers (drawn within the past year) are required if the last dose was more than 5 years prior to this exam.*

Dates given: #1 \_\_\_\_\_

#2 \_\_\_\_\_

OR

Attach copy of lab results for IgG titers (drawn within past year) or copy of immunization record for rubeola, mumps and rubella. All three titers are required.

#### **2. TB SKIN TEST (MANTOUX ONLY; 2-STEP PROCEDURE IS REQUIRED BY CLINICAL AGENCIES, I.E., TWO NEGATIVE TB TESTS MUST BE ON FILE WITHIN A 364 DAY PERIOD). Note: Only one TB skin test required every 364 days hereafter.**

Date 1<sup>st</sup> test given: \_\_\_\_\_

Date 2<sup>nd</sup> test given: \_\_\_\_\_

Findings of 1<sup>st</sup> test: \_\_\_\_\_

Findings of 2<sup>nd</sup> test: \_\_\_\_\_

***If TB skin test is positive, must have chest x-ray (documentation of results must be provided) – required annually***

Date: \_\_\_\_\_

Findings: \_\_\_\_\_

#### **3. CHICKEN POX VACCINE (VARICELLA)**

*Need documentation of two doses. The vaccines need to be separated by 4-6 weeks. Titer (drawn within past year) required if the last dose was more than 5 years prior to this exam.*

Dates given: #1 \_\_\_\_\_

#2 \_\_\_\_\_

OR

Attach copy of lab results for IgG titer (drawn within past year) or copy of immunization record for varicella.

#### **4. HEPATITIS B VACCINE SERIES**

*IgG titer (Hepatitis B antibodies) required if last dose more than 5 years prior to this exam.*

Dates: #1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

Attach results of IgG titer (Hepatitis B antibodies – drawn within past year) if the last dose was more than 5 years prior to this exam.

#### **5. TETANUS AND PERTUSSIS BOOSTER (TDAP) OR TETANUS (Td) \_\_\_\_\_ (Circle one and specify date)** *(Tdap immunization is required at this time unless Td was given within past two years. Tdap must be within 10 years.)*

#### **6. SEASONAL FLU IMMUNIZATION \_\_\_\_\_ (Specify date. Must be given annually)**

STUDENT'S NAME: \_\_\_\_\_  
(Print Student Name)

PHYSICIAN'S SIGNATURE: \_\_\_\_\_  
(Physician, Certified Nurse Practitioner, Certified Physician's Assistant)

DATE: \_\_\_\_\_

**DOCTOR PLEASE NOTE: All immunization information must be complete.  
Please attach copies of the lab results for the IgG titers.**



**Authorization and Consent  
For Use of Name, Voice and Likeness**

I, \_\_\_\_\_, hereby authorize and consent to Antelope Valley Community College District's ("College") use of my name, voice, likeness and photograph for use in any College publication via print, Web, and any over-the-air and/or closed circuit broadcast transmission facility.

The term "photographs" shall include any photograph, photographic reproduction or facsimile, still or moving, or any videotape or live transmission, or any recordings thereof.

The undersigned agrees to receive no compensation. The College shall retain all property rights, including copyright protection, to any images, likeness, and/or photographs of the undersigned the College produces or prepares pursuant to this authorization and consent.

The undersigned by his/her signature below waives any cause of action for personal injury and/or property damage against the College by virtue of the taking and use of my name, voice, likeness and photographs.

This authorization and consent shall be binding upon the undersigned heirs, successors, licensees, agents and assigns, and shall be governed by the laws of the State of California.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Completed consent forms are kept on file at Antelope Valley College's Public Relations Office.

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*For office use*

*Project/keyword*

*Photographer*