

**Pikes Peak State College Fire  
Fighter I Academy Information  
Application Packet**



This intensive 9 college credit hour program is 16 weeks in length (including state testing). The Academy provides an intensive instructional program that satisfies the certification Requirement to take the State Firefighter I exams. The Academy's rigorous instruction includes lectures by seasoned firefighters, and hands-on practical at Ft Carson's Fire Training Grounds live burn facilities. The Academy student will experience operations such as house burns, car fires, forcible entry, ground fires, and many others. If you are looking for a career in firefighting, or if you want to serve as a volunteer firefighter in your community, this is an excellent place to begin.

Students who pass the Firefighter I portion may take the State (CDFP&C) Firefighter I written and practical certification exams, including the live burn exam (approximately \$30). State exams are not a requirement to pass the Academy.

Students who pass the Hazardous Materials portion may take the State (CDFP&C) Hazardous Materials Awareness and Operations written exams and practical certification exam (approximately \$30). State exams are not a requirement to pass the Academy.

**Please read the entire packet thoroughly for clear understanding of the application process and Academy expectations. All phases of the Academy are held at either:**

**PPSC CENTENNIAL CAMPUS  
5675 S. ACADEMY BLVD, COLORADO SPRINGS, CO  
OR  
FT CARSON FIRE TRAINING CENTER  
3669 MAGRATH AVE, FT CARSON CO**

- The Fire Academy training is academically, physically and mentally rigorous and exacting; students are strongly encouraged to watch the AcademyExpectations video with parents or spouses so that they too may understand what will be asked of each Fire Academy

## General Information:

- The Academy is held every **FALL** and **SPRING** on Monday & Thursday 9-2 pm and Friday from 9 am to 2 pm.
- There is a maximum enrollment of 24 students
- Students should plan on spending approximately 2 hours of study/practice time for each hour spent in class and on practical skills (roughly 24 hours of homework/study per week)
- The State of Colorado Division of Fire Prevention & Control (CDFP&C) certification testing dates (Firefighter I and Hazardous Materials Operations) will be announced in the Academy
- PPCC Fire Academy Instructors teach to the National Fire Protection Standard 1001 (NFPA), and all instruction is mandated according to this standard.

## Schedule:

The fire academy consists of FST 100 which will meet at the PPSC Centennial Campus on Mondays & Thursdays and FT CARSON on Fridays or Saturdays. FST 107 is optional, but highly recommended and will meet on either Wednesdays or Tuesdays, pending which semester.

## Prerequisites:

- Proof of age 18 by the first day of class (**no exceptions**)
- Must possess a high school diploma or GED
- The student must be eligible to enroll in ENG 121 or provide proof of completion of ENG 121, or its equivalent, with a grade of C or higher

## Co-requisites:

The fire academy is generally taken during the second semester of the Fire Science Technology Degree. It is highly recommended that you take at least one three credit general education course during this semester to stay on track to complete either degree in four semesters.

## Program Cost:

Resident tuition and fees (with COF applied) are approximately \$2,500. Nonresident tuition and fees are approximately \$7,750. Please contact PPCC Financial aid directly with questions.

Each student must purchase required textbooks and workbooks (approximately \$300), NFPA compliant structural firefighting gloves (approximately \$80), Protective hood (approximately \$40), one helmet strap, two academy tee shirts (approximately \$15 each) and Blue BDU style pants (approximately \$35 each). All can be purchased at the PPCC bookstore.

**All tuition and costs listed are approximate and subject to change.**

### **Physical Demands:**

Firefighting is an extremely physically demanding profession. Students are expected to be physically fit. To participate in the academy, students are required to pass the Pikes Peak Physical Ability Test. The test is administered at the start of the academy. Information about the PAT is available at:

Students should not underestimate the physical demands of the academy. It is crucial that students have an exercise program prior to attending the academy, and start increasing their endurance and aerobic conditioning several months prior to the start of the academy.

Students are required to provide a signed Medical Release Form **in the interview** of the Academy. **Students will not be allowed to participate without this form.** PPSC students can have this form completed at

### **Academic Demands:**

The program demands a high level of academic performance both within the classroom as well as with homework assignments. This requires the student attend all class sessions as well as adequately prepare for and follow through with the workload outside of class. Students can expect approximately two hours of homework/study time for each hour of time spent in class or on Drill Ground. **This equates to an additional 24 hours per week outside of the classroom or Drill Grounds.**

PPSC discourages students from participating in the academy if this is their first semester of post-secondary education. This is due to the heavy workload and self-discipline necessary to successfully complete the academy. Students will need a high level of maturity to meet the challenge.

### **College Placement Exam:**

The college placement exam is offered at the PPSC Assessment Center for students who have not met the English 121 pre-requisite. Please visit the testing center for times and availability, or contact them at 719-502-3226.

No appointment is needed for the computerized exam and there is no cost for the initial attempt. Allow approximately two hours to complete the exam. Placement exams must have been taken within the last five years to be accepted for admission into the academy

## Registration Process:

Registration for the Fall semester will start on 4/1 Spring on 10/1. Students with all of the required pre-requisites are admitted to the program on a first-come, first-served basis. Please complete the steps shown below to register for the course:

- Complete the PPSC online application and sign up for COF (College Opportunity Fund) at.
- Ensure eligibility to enroll in ENG 1021 either through placement exam scores or prior coursework, or show proof of prior completion of ENG 1021, or its equivalent, with a C or better.
- Obtain a copy of your high school diploma or GED.
- Complete a background check (Instructions come later in this document)
- Obtain proof of age 18 by the first day of class (no exceptions).
- Once the above documents/processes have been completed, meet with a PPSC advisor. Advisors register students for the Fire Academy and will check for completion of this application, then contact Ty Mather to set up an interview for entry into the Fire Academy by calling 719-502-3300

## First Day of Class:

### **Bring the following information to the interview with Ty Mather**

- Copy of Driver's License or a government issued photo ID with birthdate
- Proof of healthcare insurance
- Completed student information form
- A completed medical release form, documenting that you do not have any condition that would endanger your health during your education
- Proof of vaccinations and a TB test within 12 months are also required.
- The medical release form and vaccinations can be completed by the student's primary care physician or bring in your shot records.
- A completed PPSC Release of Liability Form
- A completed Department of the Army, FCFD Release of Liability Form
- Required textbooks and uniform with equipment obtained from the PPSC bookstore



**Firefighter I Academy Student Information Form**  
**Please type or print**

Student ID number: (S number issued by PPSC): \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: (Month, Day, Year) \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Shoe size \_\_\_\_\_ Waist \_\_\_\_\_ Length \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contacts**

Name	Relationship	Primary Phone	Secondary Phone
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency, I hereby authorize Pikes Peak State College to release all information on this form to appropriate medical personnel.

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

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

## Pikes Peak Firefighter 1 Academy Medical Release Form

This is the medical form that you need to fill out. You do not need to go to the doctor, just fill out the form so we are aware of any prior injuries or medical conditions you may have. **If during the interview process, we assess we need you to have further medical information we will ask that you get a medical waiver signed off by your doctor.**

**NAME OF PATIENT:** \_\_\_\_\_

I understand the above-named patient has been tentatively extended an offer of admission to the Pikes Peak Firefighter 1 Academy during the \_\_\_\_\_ semester of 20\_\_\_\_\_

I have examined \_\_\_\_\_ and have determined that in accordance with CFR 1910.134 (Respiratory Protection) the applicant

\_\_\_\_ Does *not* have a health or physical condition which could endanger the health or well-being of themselves, faculty, or students, or would prevent them from performing the physical tasks required for a firefighter academy

\_\_\_\_ Does appear to have a health or physical condition which could endanger the health or well-being of themselves, faculty, or students, or would prevent them from performing the physical tasks required for a firefighter academy

### Additional Requirements:

Please also provide documentation of the following tests/vaccinations:

1. Chicken pox or Varivax vaccination Date of illness or vaccination: \_\_\_\_\_
2. Tetanus Date of last vaccination or booster: \_\_\_\_\_
3. MMR Date of last vaccination or booster: \_\_\_\_\_
4. Tuberculosis Testing (less than one year old)

Date Tested: \_\_\_\_\_ Date Read: \_\_\_\_\_ Positive/Negative (circle one)

If **positive**, date re-tested: \_\_\_\_\_ Date Read: \_\_\_\_\_ Positive/Negative (circle one)

If **positive**, date of Chest X-Ray: \_\_\_\_\_

If **positive**, start date/end date of treatment: \_\_\_\_\_

5. Hepatitis B Vaccine (3-shot series)

Date 1<sup>st</sup> vaccine received \_\_\_\_\_

Date 2<sup>nd</sup> vaccine received \_\_\_\_\_

Date 3<sup>rd</sup> vaccine received \_\_\_\_\_

Titer Date (if applicable): \_\_\_\_\_

Results: \_\_\_\_\_

Seasonal Flue Shot Date of vaccination:

\_\_\_\_\_

## OSHA Medical Reporting

This is the medical form that you need to fill out. You do not need to go to the doctor, just fill out the form so we are aware of any prior injuries or medical conditions you may have. **If during the interview process, we assess we need you to have further medical information we will ask that you get a medical waiver signed off by your doctor.**

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

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

1. Have you worn a respirator? Yes \_\_\_\_\_ No \_\_\_\_\_  
a. If yes, what type? \_\_\_\_\_

2. Do you currently smoke tobacco? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you smoked tobacco in the last month? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you ever had any of the following? (Circle or highlight all that apply)

- |                                   |   |
|-----------------------------------|---|
| a. Seizures                       | u. Coughing that produces phlegm                                  |
| b. Diabetes                       | v. Coughing that wakes you in the morning                         |
| c. Allergic reactions             | w. Coughing up blood  |
| d. Claustrophobia                 | x. Wheezing   |
| e. Pulmonary problems             | y. Wheezing that interferes with job                              |
| f. Lung problems                  | z. Chest pain when you breathe deeply                             |
| g. Asbestosis                     | aa. Cardiovascular or heart problems                              |
| h. Asthma                         | bb. Swelling in hands or feet                                     |
| i. Emphysema                      | cc. Stroke  |
| j. Pneumonia                      | dd. Angina  |
| k. Tuberculosis                   | ee. Heart failure   |
| l. Silicosis                      | ff. Heart arrhythmia  |
| m. Pneumothorax                   | gg. High blood pressure   |
| n. Lung cancer                    | hh. Other heart problems  |
| o. Broken ribs                    | ii. Frequent pain or tightness in your chest                      |
| p. Chest injuries                 | jj. Pain or tightness in your chest during physical activity      |
| q. Chest surgeries                | kk. Pain or tightness in your chest that interferes with your job |
| r. Other lung problems            | ll. Heart skipping or missing a beat                              |
| s. Current lung problems          | mm. Heartburn or indigestion not related to eating                |
| t. Shortness of breath when:      |   |
| i. Walking fast uphill            |   |
| ii. Walking fast on level ground  |   |
| iii. Washing or dressing          |   |
| iv. Working – Interferes with job |   |

5. Do you currently take medications for any of the following? (Circle or highlight all that apply)

- a. Breathing or lung problems
- b. Heart problems
- c. Blood pressure
- d. Seizures

6. If you have used a respirator, have you had any of the following? (Circle or highlight all that apply)

- a. Eye irritation
- b. Skin allergies or rashes
- c. Anxiety
- d. General weakness or fatigue
- e. Other problems  
(Specify: \_\_\_\_\_)

7. Have you ever lost vision in either eye? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you currently have vision problems? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do you wear any of the following? (Circle or highlight all that apply)

- a. Glasses
- b. Contact lenses

10. Are you color blind? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Have you ever had any injury to your ears? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Do you currently: (Circle or highlight all that apply)

- a. Have difficulty hearing
- b. Wear a hearing aid
- c. Have any other ear trouble

13. Have you ever had a back injury? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Do you currently have any of the following? (Circle or highlight all that apply)

- a. Weakness in any of your arms, hands, legs, or feet
- b. Back pain
- c. Difficulty fully moving your arms or legs
- d. Pain or stiffness when you lean forward or backward at the waist
- e. Fully moving your head up and down
- f. Fully moving your head from side to side
- g. Bending at your knees
- h. Squatting to the ground
- i. Climbing a flight of stairs or ladder with more than 25 pounds
- j. Other musculoskeletal problems

15. Do you have dizziness, shortness of breath, pounding in your chest, or other symptoms at high altitudes?  
Yes \_\_\_\_\_ No \_\_\_\_\_

16. Have you ever been exposed to hazardous solvents or hazardous chemicals? Yes \_\_\_\_\_ No \_\_\_\_\_



a. If yes specify: \_\_\_\_\_  
\_\_\_\_\_

17. Have you ever worked with any of the following? (Circle or highlight all that apply)

- a. Asbestos
- b. Silica
- c. Tungsten
- d. Cobalt
- e. Beryllium
- f. Aluminum
- g. Coal dust
- h. Iron
- i. Tin
- j. Dusty conditions
- k. Other hazardous exposure

1. List any secondary jobs or businesses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. List your previous occupations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. List your current and previous hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

18. Have you ever been in the military?      Yes \_\_\_\_\_      No \_\_\_\_\_

19. Have you ever worked on a HAZMAT team?      Yes \_\_\_\_\_      No \_\_\_\_\_



# PIKES PEAK STATE COLLEGE

## Waiver of Rights, Assumption of Risks, and Release of Liability, Agreement

Name: \_\_\_\_\_ S #: \_\_\_\_\_

Activity: \_\_\_\_\_  
Lead Person: \_\_\_\_\_

Start/End Date: \_\_\_\_\_

By signing this form, I acknowledge that I am about to participate in a course, program, or activity that has inherent risks, hazards and dangers that cannot be eliminated. I acknowledge that these include, without limitation, risks from the activity itself, transportation to and from the activity, risks connected with my physical condition and required exertion, risks from improper usage of equipment, and actions of other participants or spectators. I acknowledge that I am responsible to provide my health or accident insurance. I acknowledge that I may be photographed, videotaped, and/or recorded and I waive my photographic rights to Pikes Peak State Pikes Peak Community College.

I hereby accept full responsibility for any damages that I may cause to Pikes Peak State College' equipment I am aware that if I choose NOT to abide by Pikes Peak State College rules and policies, I will be subject to Pikes Peak State College disciplinary action. I further understand that I may be banned from future Pikes Peak Community State Community Education courses, programs, or activities.

I hereby consent to and authorize any use and reproduction by you, or anyone authorized by you, of any and all photographs/digital images/video tapes/recordings.

For myself, my heirs, successors, executors, I hereby knowingly and intentionally waive and release, identify and hold harmless the State of Colorado, State Board for Community Colleges and Occupational Education ("SBCCOE" or "Board"), Pikes Peak State College, trustees, officers, employees, agents and volunteers from and against all claims, actions, causes of action, liabilities, suits, expenses and NEGLIGENCE of any kind of nature arising directly or indirectly out of any damage, loss, injury, paralysis or death in connection with my participation in this course, program or activity and/or use of this equipment and to waive all claims for damages or losses against the state, the Board or the Pikes Peak State College which may arise from such activities.

I, \_\_\_\_\_ (print name) HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER, ASSUMPTION OF RISKS AND RELEASE AGREEMENT.

\_\_\_\_\_  
Signature (Parent or Guardian of under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Phone

**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS UNITED STATES ARMY INSTALLATION**  
**FT CARSON, COLORADO**

“I, \_\_\_\_\_,  
(Print Participant’s First, MI, and Last Name)

understand that my participation in the Pikes Peak State College fire training exercises held at Ft Carson Fire Department Training center, involves the risk of personal injury, even death. I understand and agree to assume the risk of any personal injury that may result while participating in this program. In consideration for being permitted to participate in the program, I, for myself, my heirs, administrators, executors, personal representatives, and assignees, do hereby covenant and agree that I will never institute, prosecute, or in any way, aid in the institution or prosecution of any demand, claim or suit against the United States, the Department of the Army, their agents, officers, and employees, officially or otherwise, for injury (or death) to myself which may occur as a result of my participation in this particular program.”

Dated this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

\_\_\_\_\_