Steps for applying to one of our Firefighter Academies:

1.) Obtain application packet for the selected academy by visiting our website at:

http://www.montana.edu/wwwfire/ffacademies.php (FF I Academy page)
http://www.montana.edu/wwwfire/ffacademies2.php (FF II Academy page)

Or you can contact Katheryn Craig at 406-771-4335.

2.) Complete the application package (medical release can be submitted at a later time).

3.) Submit the application with $200 non-refundable application fee (fee is put towards tuition) to:

Katheryn Craig
MSU Fire Services Training School
750 6th St SW Suite 205
Great Falls, MT 59404

4.) Acceptance letter, certification test booklet, and Essentials Manual will be mailed to the
    address you list on your application.

5.) After acceptance, tuition to be paid is $1350.00 for MT fire members & $2350.00 for non-MT
    fire members. Total tuition for MT fire members is $1550.00 and $2550.00 for non-MT fire members.

*INCOMPLETE OR IMPROPERLY FILLED OUT APPLICATIONS WILL BE SENT BACK!!

*TUITION IS DUE 60 DAYS OUT!
MSU Fire Service Training School
Fire Fighter
Academy
APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT

Academy Choices
Check FF1 or FF2:
☐ Firefighter 1 ___/___ Date Attending?

☐ Firefighter 2 ___/___ Date Attending?  (Prerequisite: Current Fire Fighter I Certification)

FF2 Requires FF1 Certification. List issuing agency and date of expiration:

Personal Information
Full Legal Name

Last First Middle

Mailing Address:

City State Zip Code

County Country

Daytime Phone # E-mail address

Date of Birth Driver’s License # State/Expiration

Emergency Contact:  

Name Phone # Relation

Are you a member of a Montana Fire Department? ☐ Yes ☐ No

If YES, Name of Department and Duration of Membership: __________________________

1. Have you ever been convicted of a *felony (please include instances of deferred sentencing)? ☐ Yes ☐ No

*A felony in Montana State law is defined as a crime for which more than one year in prison may be imposed.

2. Have you ever been subjected to court-ordered confinement for threatening or causing physical or emotional injury to persons or property? ☐ Yes ☐ No

3. Have you ever been required to register as a sexual or violent offender? ☐ Yes ☐ No

*An affirmative response to any of these questions will not automatically prevent admission, but you will be asked by the college to provide additional information. This information will be reviewed by a campus committee to ensure campus safety. Any falsification or omission of data may result in a denial of admission or dismissal.

Mail To (with $200 Non-Refundable Application Fee):   MT Fire Member Total Tuition= $1550.00
Katheryn Craig  Non MT Fire Member Total Tuition= $2550.00
MSU - FSTS
750 6th St SW • Ste 205
Great Falls, MT 59404
Invoice Your Department? ☐ Yes ☐ No
*Tuition must be paid in full to reserve a spot in the academy.
# MSU Fire Service Training School
## Fire Academy
### Medical Release Form

**Fire Fighter Name and Address:**

**TO BE COMPLETED WITHIN 6 WEEKS OF THE FIRST DAY OF THE ACADEMY!**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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Permanent address:

- Street ____________________________________________
- Apartment # ____________________________
- City ____________________________ State ________ Zip Code ____________
- Age ____________________________ Date of Birth ____________

**Medical Information:**

**Vital Signs and Measurements:**

<table>
<thead>
<tr>
<th>Temperature</th>
<th>Height Pulse</th>
<th>Weight</th>
<th>Blood Pressure</th>
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</table>

**Respirations**

- ____________________________

**Systemic: List Positive Findings Only:**

- If Normal, Place Check in Space Provided

<table>
<thead>
<tr>
<th>INTEGUMENTARY</th>
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<tbody>
<tr>
<td>HEENT</td>
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<tr>
<td>PULMONARY</td>
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<td>CARDIOVASCULAR</td>
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<td>URINALYSIS</td>
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<td>ENDOCRINE</td>
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<td>MUSCULOSKELETAL</td>
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<td>NERVOUS SYSTEM</td>
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<td>ALLERGIES</td>
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<td>HX OF DRUG ABUSE</td>
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<td>HX ALCOHOL</td>
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**LISTING OF ANY SIGNIFICANT LIMITING OR DISABLING CONDITIONS:**

- Have you found the presence of a history, condition, disease or deformity that would prevent the applicant from engaging in strenuous physical activity or fire fighting?  YES  NO
- If yes, Please specify: __________________________________________

*This Form cannot be dated more than 6 weeks prior to the start of the Academy.*

Upon completion of my examination of __________________________________________ I find that he/she is a healthy individual who does not risk his/her health by performing the skills and duties of a fire fighter and will not be at risk participating in the Fire Fighter Academy.

__________________________ ____________________________
Signature Date

**Name and Address of Medical Doctor: (Please Print)**

<table>
<thead>
<tr>
<th>Name of Medical Facility</th>
<th>Name of Medical Doctor</th>
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<th>Street</th>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone</th>
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