



Fire Services Training School

Steps for applying to one of our Firefighter Academies:

- 1.) Obtain application packet to 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
409 14th St SW, Suite 1
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

4. 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

409 14th St SW

Great Falls, MT 59404

Invoice Your Department? Yes No

Middle Name:

First Name:

Last Name:

*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!

Permanent address:	Last	First	Middle
	Street		Apartment #
	City	State	Zip Code
	Age	Date of Birth	

Medical Information:

Vital Signs and Measurements:

Temperature	_____	Height Pulse	_____
Respirations	_____	Weight	_____
	_____	Blood Pressure	_____

Systemic: List Positive Findings Only:

If Normal, Place Check in Space Provided

INTEGUMENTARY	:	_____	_____
HEENT	:	_____	_____
PULMONARY	:	_____	_____
CARDIOVASCULAR	:	_____	_____
ABDOMEN	:	_____	_____
GENITOURINARY	:	_____	_____
URINALYSIS	:	_____	_____
ENDOCRINE	:	_____	_____
MUSCULOSKELETAL	:	_____	_____
NERVOUS SYSTEM	:	_____	_____
ALLERGIES	:	_____	_____
HX OF DRUG ABUSE	:	_____	_____
HX ALCOHOL	:	_____	_____

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 that 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)

Name of Medical Facility	Name of Medical Doctor		
Street			
City	State	Zip Code	Phone