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

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<th>Last</th>
<th>First</th>
<th>Middle</th>
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Mailing Address:

<table>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<table>
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<tr>
<th>County</th>
<th>Country</th>
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Daytime Phone #

<table>
<thead>
<tr>
<th>E-mail address</th>
<th>Date of Birth</th>
<th>Driver's License #</th>
<th>State/Expiration</th>
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Emergency Contact:

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<tr>
<th>Name</th>
<th>Phone #</th>
<th>Relation</th>
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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
Kathryn Craig Non MT Fire Member Total Tuition $2550.00
MSU - FSTS
409 14th St SW Invoice Your Department? □ Yes □ No
Great Falls, MT 59404
*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!

Last         First         Middle
Permanent address:
                                         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

Name of Medical Facility        Name of Medical Doctor

                                         Street
                                         City          State          Zip Code          Phone