



OFFICE OF THE STATE FIRE COMMISSIONER
PENNSYLVANIA STATE FIRE ACADEMY
1150 RIVERSIDE DRIVE
LEWISTOWN, PA 17044

-----SFA Official Use Only-----
Email/mail/W-In DATE Rec'd: _____
Acc/WList email/mail Date _____

PA State Fire Academy - Resident Course Application

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: _____ FEMASID#: _____
(see details on back/page 2 to obtain a SID#)

Street Address: _____ County: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Daytime Phone #_(____)_____ Other Phone #_(____)_____

List any conditions (including allergies/medical) that could require special consideration while attending the Academy: _____

Is your Medical Evaluation Form attached to this application? Refer to back of application ___ Yes ___ No

COURSE DATA

Course Title/Code: _____

Course Dates: _____
1st choice _____ 2nd choice _____ 3rd choice _____

MEMBERSHIP DATA

Fire Department/
Organization Affiliation: _____
Members rank/title: _____ Status in organization(check one): Paid (career) Volunteer

Is Organization located in Pennsylvania: Yes No If Yes, What County: _____
If No, What State: _____

This organization is: (check one) (Tuition Fee may apply – see details in course catalogue or website)
PUBLIC SECTOR: Municipal Fire Municipal EMS Municipal Police Municipal Gov't County Gov't
 State Gov't PA National Guard District or Authority Other Public Sector (describe) _____
PRIVATE SECTOR: Industrial Other Private Sector (describe) _____
FEDERAL AGENCY: (includes military other than PA National Guard)

Request for Enrollment

I hereby request that I be enrolled in the course specified on this application. I have read and understand all procedures and policies on the back/2nd page and as part of this application. Upon acceptance I will report for the identified course on the specified dates with the required equipment as listed in the acceptance letter as an active member of the organization listed under "Membership Data" in which I have either the organization or individual health coverage. I will notify the Academy of any changes regarding the completed information on this application.

By typing my name in the provided box, I hereby agree to abide by the terms and conditions as stated above.

Acknowledgment of terms and conditions _____ Date _____

Fire Department/Organization Authorization

I hereby certify that the applicant listed above will attend (if accepted) as a bona-fide member or employee representing the organization listed under "Membership Data". I have read and understand all of the procedures and policies listed on the back/2nd page and as part of this application.

Name and Address of Organization _____

Typed Name and Title _____

Contact Phone: _____

Contact Email: _____

Medical Examination to Determine fitness for Firefighting Training: We **strongly recommend** all persons attending any class involving outside exercises to submit a “Medical Examination to Determine Fitness for Firefighting Training” with their resident application. This form can be found in our schedule or on our website at www.osfc.pa.gov. Although this is not mandatory, we recommend this based on NFPA 1582 - Standard on Comprehensive Occupational Medical Program for Fire Departments, 2007 Edition.

FEMA SID#: All applicants must have a Federal Emergency Management Agency Student Identification Number (FEMA SID#) for completion of this application in order to apply for a Pennsylvania State Fire Academy (PSFA) course. The FEMA SID# is a unique number generated and assigned to anyone who needs or is required to take training provided by a FEMA organization and all of their training providers. This number serves as your personal identification number instead of your Social Security Number (SSN). The PSFA is using this unique identifier for record keeping purposes only.

To obtain a FEMA SID#:

Step 1: To register, go to <https://cdp.dhs.gov/femasid>

Step 2: Click on the “Need a FEMA SID” box on the right side of the screen.

Step 3: Follow the instructions and provide the necessary information to create your account.

Step 4: You will receive an email with your SID number.

Registration Procedures: The State Fire Academy will accept applications received via the US Mail, or delivered electronically to RA-EMSFA-APPS@PA.GOV. The latter is the preferred option and beginning in December 2020 course applications will only be accepted in this manner.

The PA State Fire Academy does not discriminate upon anyone by reason of age, race, sex, color, religious belief, sexual orientation, national origin or disability. Student selection will be based on the date the completed application and required prerequisite documentation is received at the Academy. All applicants will receive a letter in the mail or an email notifying them of their status. If a sufficient number of acceptable applications are not received two (2) weeks prior to the class “start date”, the class will be cancelled and all applicants will be notified of the class cancellation.

Enrollment in Academy courses is open to any member of an emergency service organization who is 18 years of age or older or a duly registered fire fighter apprentice youth. The student’s chief or other superior officer must sign the application in order to attest that the applicant:

- a. is attending as a representative of that organization and currently has either the organization or individual health coverage.
- b. is qualified to participate in the class listed on the application and has attached the required prerequisite(s).
- c. will attend with the proper equipment/protective clothing required for the class listed on the application.

Applicants applying for a class that is offered multiple times throughout the year may pick class dates with 1st, 2nd and 3rd choices. If the 1st and/or 2nd choice(s) is full, the applicant will automatically be placed on the wait list for full class dates and accepted for any open class dates unless the applicant specifies differently.

Prerequisite Policy: If a course requires a prerequisite(s), a copy of the certificate(s) or proof of prerequisite(s) MUST be attached to the application; otherwise, the application will be returned which could delay the status of your application per the registration procedures. Prerequisite information can be found in our course catalogue or on our website (www.osfc.pa.gov).

Student Cancellation/No Show Policy: Space in all PA State Fire Academy Resident classes is limited. There is usually a waiting list of applicants for each class. Therefore, any student already accepted into a resident class that needs to cancel their enrollment, MUST do so three (3) business days (Monday through Friday) prior to the class start date. All student cancellations must be in writing (letter/memo or email) explaining why they need to cancel their enrollment. This written documentation must be from the student or an authorized official from the representing organization ONLY. A student with an emergency may cancel via telephone (1800-459-4096); however, a follow-up letter/memo or email **must** still be submitted to the Academy within a two (2) week period of the telephone cancellation. Emergency is defined as a sudden or unexpected situation such as sickness or death. Failure to follow the Student Cancellation policy will result in a “No Show” status for the student.

No Show Policy: Any student already accepted into a resident class and then failing to attend without notification or failing to comply with the Student Cancellation policy will not be eligible to enroll in any other academy resident class for a period of one (1) year. If this occurs as a group from a single fire department or other organization, that department or organization will be likewise penalized.