TRAINING ANNOUNCEMENT

5 January 2017                      Announcement#: 17-23F

Ice/Cold Water Rescue Technician Level

(To be held at the Croton Falls FD)

This is a 16 hour course being held on the following dates:

February 25 & 26 from 08:00 to 17:00 hours

Description: This course provides an advanced level ice rescue training including self-rescue, shore based ice rescue techniques, and go ice rescue techniques. This is a hands-on training program which includes a significant amount of on ice time for skill practice. It also addresses the effects of cold water on victims, ice rescue techniques, off shore techniques, and ice rescue equipment. Course will include several scenario based ice rescue exercises.

Target audience: All emergency response personnel

Prerequisites: None

Registration: Pre-registration is mandatory. WALK-INS ARE NOT PERMITTED. To register each student must submit a NYS Academy of Fire Science Application including the $25 registration fee, as well as a NYS Training Authorization Letter. All applications are attached to this course announcement. Class size is limited to twenty (20) students.

ALL COMPLETE APPLICATIONS MUST BE SUBMITTED WITH PAYMENT OF $25.00 TO:
(See Exam Application for payment information)

Chief Luci Labriola-Cuffe
Westchester County DES
4 Dana Road
Valhalla, NY 10595

APPLICATIONS MUST BE SUBMITTED TO OUR OFFICE NO LATER THAN FEBRURARY 17TH.

Venue: Croton Falls Fire Department’s North Salem firehouse located at 301 Titicus Road, North Salem, NY 10560. For questions or concerns regarding weather or course cancellation call (914) 231 – 1615.

Check out our Website at http://emergencyservices.westchestergov.com/ for the most current information on training
REGISTRATION FORM
FIRE ACADEMY AND REGIONAL TECHNICAL RESCUE
New York State Academy of Fire Science
600 College Ave., Montour Falls, NY 14865-9634
(607) 535-7136; Fax: (607) 535-4841

PERSONAL INFORMATION

NAME (Last, First, MI)

TRAINING IDENTIFICATION NUMBER

HOME ADDRESS (Street, PO Box)

CITY STATE ZIP

☐ CHECK IF NEW ADDRESS ☐ MALE ☐ FEMALE

DAYTIME PHONE EVENING PHONE

FAX # E-MAIL ADDRESS

SPONSORING ORGANIZATION

FIRE DEPARTMENT ID # COUNTY

SPONSORING ORGANIZATION

STREET ADDRESS, PO BOX

CITY STATE ZIP

FD PHONE# FD E-MAIL or FAX

NAME/TITLE - HEAD OF THE SPONSORING AGENCY

SIGNATURE - HEAD OF THE SPONSORING AGENCY

Date

☐ FIRE ACADEMY COURSE CODE # COURSE TITLE DATES: 1st CHOICE 2nd CHOICE

☐ REGIONAL COURSE CODE # COURSE TITLE DATES: 1st CHOICE 2nd CHOICE

COURSE REGISTRATION -
NOTE: PAYMENT MUST ACCOMPANY REGISTRATION
Registration Fee is MANDATORY AND NONREFUNDABLE

☐ NYS Resident - $25 ☐ Out-of-State - $50

☐ Materials Fee (if applicable) payable upon arrival
See course description (may not include required text book)

☐ Prerequisite Proof (if applicable)
Must accompany registration

ACADEMY ACCOMMODATIONS - PAYABLE UPON ARRIVAL

☐ Resident – includes Meals & Lodging
☐ Commuter – includes breakfast & lunch
☐ Commuter dinner - $9/day (optional)

REGISTERATION, MATERIAL AND ACCOMMODATIONS FEES:

Registration Fee (include w/registration) $_______

Materials Fee (if applicable - payable upon arrival) $_______

Accommodations Fee (payable upon arrival) $_______

Optional commuter dinner(s) $_______

Total enclosed: $_______

Balance due upon arrival: $_______

Reasonable accommodation request:

Signature

PAYMENT METHOD

Make checks, money orders & vouchers payable to:
Academy of Fire Science

☐ VISA ☐ MasterCard Total Charge: $_______

Card # __________ __________ __________ __________ __________

Expiration Date __________/_________ Security Code ________

Signature

Please review the application to make certain it is complete and the required payment and prerequisite proof are enclosed. This form is on the web at www.dhses.ny.gov/ofpc • MAIL OR FAX APPLICATION TO FIRE ACADEMY ONLY

NOTE: Due to participant demand, the deadline for all Academy course registrations is 20 days before the course start date. If your registration is not received by this deadline, we cannot guarantee placement in the requested course. Call the Academy for further information.

1220 (10/08)
To the Office of Fire Prevention and Control:
The firefighter listed below is an active member of _________________________________ Fire Department, is at least 16 years of age, and is authorized to attend the course indicated below. I understand this training course may contain certain evolutions that simulate and/or create actual firefighting or rescue conditions. The Office of Fire Prevention and Control is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

PLEASE PRINT ALL INFORMATION

Fire Chief Authorization

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<tr>
<th>Fire Department</th>
<th>FDID #</th>
<th>Date</th>
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Fill in YES or NO

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The firefighter listed below has medical clearance to use Self Contained Breathing Apparatus, (SCBA), in accordance with 29 C.F.R. part 1910. 134.

The firefighter listed below is authorized to use SCBA and participate in interior/exterior firefighting evolutions.

If you cannot answer the questions above because you do not know the requirements of 29 C.F.R. Part 1910 or do not know whether the firefighter listed below is authorized to use SCBA, please contact your County Fire Coordinator or OFPC.

Print Chief’s Name

Chief’s Signature

Course Information

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<tr>
<th>Course Record #</th>
<th>Course Title</th>
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Student Information

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<tr>
<th>Last Name</th>
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<tr>
<td>Address</td>
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<td>Home Phone</td>
<td>Work Phone</td>
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I, ________________________, have read, fully understand and agree with above information. I understand and acknowledge the importance of safety during the training course and further acknowledge that if an instructor believes that my behavior or abilities may cause a safety risk to myself or another, the instructor has the authority to remove me from the simulation or course.

SIGNATURE OF FIREFIGHTER                   DATE

And, if firefighter is 16 or 17 years old, the following consent must be provided:

I, ________________________, parent or legal guardian of ________________________, consent to his/her participation in the training listed above. I have read, fully understand, and agree with the above information. I understand and acknowledge that safety is important during the training course and further authorize the instructor to remove ________________________ from the simulation or course if the instructor believes that his/her behavior or abilities may cause a safety risk to himself/herself or another.

SIGNATURE OF AUTHORIZED LEGAL GUARDIAN   DATE

Printed Name

Relationship to Firefighter

Please Note: No persons under the age of 16 may attend or participate in any training course delivered by the Office of Fire Prevention and Control. Additional copies of this form are available at http://www.dhses.ny.gov/ofpc