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Rhode Island Fire Academy Training Program

Fire and Life Safety Plan Review

This class will be presented by National Fire Academy instructors.

Course Description:

This course will assist the student in verifying that construction documents comply with applicable building and fire codes for fire protection and life-safety requirements. Subjects addressed in the course include site plan reviews for emergency apparatus access, water supply, and hydrants for fire protection; review of architectural drawings for construction requirements, means of egress for life safety, and fire-resistive compartmentalization; evaluation of heating, ventilation, and air conditioning (HVAC), evaluation of exit illumination and emergency power supplies, and assessment of the need for built in fire protection systems and smoke control/management systems.

Dates: May 4-9, 2009 (Monday through Saturday)

Site: Radisson Hotel
2081 Post Road
Warwick, RI 02886

Class Time: 8 a.m. – 4 p.m. (Breakfast and lunch included.)

Cost: Free

Register by April 13, 2009

Class size is limited to 30 students.

In addition to registering with the RI Fire Academy, you must complete NFA Form 75-5A and bring to first class.

Mail or fax registrations to: Rhode Island Fire Academy
118 Parade Street
Providence, RI 02909
Fax: (401) 462-4250
Tel: (401) 462-4211



RHODE ISLAND FIRE ACADEMY
118 Parade Street
Providence, RI 02909
Tel: (401) 462-4211
Fax: (401) 462-4260



STUDENT REGISTRATION FORM

PERSONAL INFORMATION

Name: _____ Last 4 digits of Social Security No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____ Night Telephone: _____

E-mail: _____

Department: _____

PROGRAM INFORMATION

Program Requested: _____

Location: _____ Date: _____

No application will be accepted without authorized signature and proof of prerequisite if needed.

I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the Rhode Island Fire Academy if I am admitted as a student. Falsification of information may result in denial of a course certificate. I hereby authorize release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in writing from said chief or designee.

Signature of Applicant: _____ **Date:** _____

Please check box if applicable Retired* Non-Fire Service Personnel*

*** If you are retired or non-fire service personnel, a fire academy liability waiver must be signed and attached. Chief or supervisor's signature (below) is not required.**

I certify that the listed applicant is a member of our fire department/agency and is covered by my organization's Worker's Compensation insurance while participating in such training, and that the Fire Education and Training Coordinating Board, its commissioners, officers, agents or employees shall not be liable for any injuries sustained during such training. This applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special consideration.

Chief or Supervisor Signature: _____ **Date:** _____

FEDERAL EMERGENCY MANAGEMENT
GENERAL ADMISSIONS APPLICATION SHORT FORM

See Reverse for
 Privacy Act Statement

O.M.B. No. 3067-0024
 Expires July 31, 2003

USE THIS FORM ONLY IF APPLYING FOR EMI OR NFA OFF CAMPUS COURSES (EXCLUDING REGIONAL DELIVERIES)

SECTION I - GENERAL INFORMATION

1. DATE OF BIRTH (Mo, Day, Yr.)		2. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male		3. U. S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Place of Birth:	
4a. PLEASE CHECK THE RACE(S) WHICH BEST APPLIES TO YOU (Providing this information is voluntary)				4b. PLEASE CHECK THE ETHNICITY WHICH BEST APPLIES TO YOU (Providing this information is voluntary)	
1. <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE		2. <input type="checkbox"/> ASIAN		3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN	
4. <input type="checkbox"/> WHITE		5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER		1. <input type="checkbox"/> HISPANIC or LATINO	
				2. <input type="checkbox"/> NOT HISPANIC or LATINO	
5. PLEASE PRINT YOUR NAME (Last, First, Middle, Suffix)					6. SOCIAL SECURITY NO
7. HOME ADDRESS (Street, avenue, road no/city or town and zip code)			8. WORK PHONE NO. ()		
			9. HOME PHONE NO. ()		
			10. FAX NO. ()		
			11. EMAIL ADDRESS		
12a. ENTER COURSE CODE AND TITLE			12b. COURSE LOCATION		12c. COURSE DATE
13. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE AT NETC or MWEAC? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, indicate & describe any special considerations required on a separate sheet)					

SECTION II - EMPLOYMENT INFORMATION

14a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED		14b. NFIRS# (NFA ONLY)	15. CURRENT POSITION AND NUMBER OF YEARS IN POSITION
16. CHECK THE BOX(S) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION		16b. ORGANIZATION	16c. CURRENT STATUS
16a. JURISDICTION			
1. <input type="checkbox"/> STATEWIDE		4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP	7. <input type="checkbox"/> FOREIGN
2. <input type="checkbox"/> COUNTY GOVERNMENT		5. <input type="checkbox"/> FEDERAL/MILITARY	8. <input type="checkbox"/> FEMA
3. <input type="checkbox"/> CITY/TOWN/VILLAGE		6. <input type="checkbox"/> INDUSTRY/BUSINESS	9. <input type="checkbox"/> NDER/IMA
		1. <input type="checkbox"/> ALL CAREER	2. <input type="checkbox"/> ALL VOLUNTEER
		3. <input type="checkbox"/> COMBINATION	4. <input type="checkbox"/> DISASTER RESERVIST

SECTION III - ENDORSEMENT AND CERTIFICATION

17a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (U.S.C. 1001).

17b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee.

17c. Further, I understand that NETC and MWEAC are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.

17d. I agree to abide by the rules, policies, and regulations of NETC. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future NETC courses.

18a. SIGNATURE OF APPLICANT		18b. DATE
19. APPROVAL BY HEAD OF THE SPONSORING ORGANIZATION		
By signing this application, I certify that my organization does not discriminate on the basis of age, sex, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees.		
19a. SIGNATURE	19b. PRINTED NAME AND TITLE	19c. DATE
20. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE		
20a. SIGNATURE AND DATE (State Office)		20b. SIGNATURE AND DATE (FEMA Regional Office)
21. FOR EMI COURSES, SUBMIT APPLICATION THROUGH THE APPROPRIATE STATE EMERGENCY MANAGEMENT COORDINATOR OR FEMA REGION TO NETC.		21b. FOR FIELD PROGRAM COURSES, SUBMIT APPLICATION TO APPROPRIATE SPONSOR.
22a. DISPOSITION <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	22b. SIGNATURE OF REVIEWER	22c. DATE

EQUAL OPPORTUNITY STATEMENT

The National Fire Academy (NFA) and the Emergency Management Institute (EMI) are Equal Opportunity institutions. They do not discriminate on the basis of age, sex, race, color, religious belief, national origin, or disability in their admissions and student-related procedures. Both schools make every effort to ensure equitable representation of minorities and women in their student bodies. Qualified minority and women candidates are encouraged to apply for all courses.

PRIVACY ACT STATEMENT

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying for admission to NFA or EMI.

AUTHORITY - 5 U.S.C. 301; 15 U.S.C. 2206, 44 U.S.C. 3101; 50 U.S.C. App. 2253 and 2281; E.O. 12127, 12148 and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.

PURPOSES: To determine eligibility for participation in NFA and EMI courses. Information such as age, sex, and ancestral heritage are used for statistical purposes only.

USES: Information may be released to: 1) FEMA staff to analyze application and enrollment patterns for specific courses, and to respond to student inquiries; 2) a physician to provide medical assistance to students who become ill or are injured during courses; 3) Members of the Board of Visitors for the purpose of evaluating programmatic statistics; 4) sponsoring states, local officials, or state agencies to update/evaluate statistics of NFA and EMI participants; 5) Members of Congress seeking first party information; and 6) Agency training program contractors and computer centers performing administrative functions.

EFFECTS OF NONDISCLOSURE - Personal information is provided on a volunteer basis. Failure to provide information on this form, however, may result in a delay in processing your application and/or certifying completion of the course.

Information Regarding Disclosure of Your Social Security Number Under PL-579, Section 7(b) - E.O. 9397 authorizes the collection of the SSN. The SSN is necessary because of the large number of individuals who have identical names and birthdates and whose identities can only be distinguished by the SSN. The SSN is used for record-keeping purposes, i.e., to ensure that your academic record is maintained accurately. Disclosure of the SSN is voluntary. However, if you do not provide your SSN, another number will be substituted, which will delay processing of your application or course certificate.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 6 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. NOTE: Do not send your completed form to this address.