

To register submit the following:

NHFSTEMS General Admission Application
NHFSTEMS Medical Release Form
ICS100 Certificate
ICS200 Certificate

In person, by mail, by fax, or by email to:

Lakes Region Mutual Fire Aid
62 Communications Drive
Laconia, NH 03246
Phone: (603) 528-9111
Fax: (603) 528-5989
Email: registration@lrmfa.org

No later than Friday, September 29, 2023 at 16:00.

Equipment required for the program:

- Helmet (water rescue, kayak, water sport, or climbing)
- Personal Flotation Device (Class V PFD)
- Gloves (water rescue, SCUBA diving, rope, or extrication)
- Footwear (water rescue, SCUBA diving, or sneakers)
- Thermal protection (wet suit or dry suit highly suggested)



**New Hampshire Department of Safety
Division of Fire Standards and Training & Emergency Medical Services**

Mailing: 33 Hazen Drive, Concord, NH 03305 Physical: 98 Smokey Bear Boulevard, Concord, NH
 Phones: (Toll free) 800-371-4503 (Local) 603-223-4200 (Fax) 603-271-1091 Email: fstems@dos.nh.gov

General Admission Application

To expedite your enrollment process, ensure your profile is up-to-date at www.respondnh.org
 *Include your EMS License # or NELP # which is to the right of your name under My Account > Profile
 If you do not have a profile in RespondNH.org please create one before applying

Section 1: PERSONAL INFORMATION (Incomplete applications will not be processed.)

Legal First name:	Middle	Legal Last name:	Suffix:	*EMS License # or NELP #:		
Email address:			Last 4 of SSN:	DOB:	M	F
PO Box/Street:		Town/City:	State:	Zip:		
Cell Phone:		Home Phone:				

Section 1A: SID NUMBER and Citizenship: (Required for ALL DHS, FEMA, And National Fire Academy classes!)

No FEMA SID? Create one here: https://cdp.dhs.gov/femasid/	SID NUMBER:	Are you a US Citizen?	Y	N
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Section 2: COURSE INFORMATION (Complete Section 1A if you are taking a DHS, FEMA, or NFA course!)

Course Name:	Course date:
Course Number (CREF):	Course location:

Section 3: APPLICANT AFFIRMATION AND SIGNATURE

⇒ **NOTE: Applicant must sign this application and meet all course prerequisites or your application will be denied**

I certify that the information on this application and my RespondNH profile is correct and I understand that falsification of information may result in denial of a course certificate. I understand and agree to abide by the rules, policies, and refund policy of the NH Division of Fire Standards and Training & Emergency Medical Services (NHFSTEMS). 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. Unless I am employed by the State of NH, I understand and accept the fact that I am not covered by any insurance provided by the State of NH, the Fire Standards and Training Commission, or any other instructor nor will insurance from any of these agencies be available in the event of my injury or death.

Signature of Applicant:	Date:
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Section 4 AFFILIATION & COURSE PAYMENT For PERSONAL PAYMENT, please fill out the "General Payment Form"

Section 4A: SPONSORING AGENCY

Section 4B: DEPARTMENT AUTHORIZATION FOR PAYMENT: (Only required if the above department is paying for this course)

The agency/department representative signature below, for the department listed above, verifies that the agency / department agrees to be billed for this applicant by the division for this course and is aware of the division's refund policy on the website: [FSTEMS Refund Policy](#)

Name of Agency Representative:	Position:
Signature of Representative:	Date:

For further information on the division's refund policy and dormitory reservations, please refer to the NHFSTEMS website: http://www.nh.gov/safety/divisions/fstems/forms.html	STAFF USE ONLY:
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A Guide to Filling out the NHFSTEMS General Admission Application

Section 1: (Personal Information)

- Please ensure your profile is updated and accurate at www.respondnh.org. If you do not have a profile, create one prior to submitting your application.
- Please include either your EMS License # of assigned NELP# from your www.respondnh.org profile.
- All applicants must fill out applicable information in this section. Please list your name the way you would like to see it on a course certificate.
- Please supply a **complete mailing address**. Please do not utilize your departments address for your profile address.
- **Email address:** Please provide an accurate email address if you have one so that you can receive automated emailed course enrollment confirmations. This must be a unique email address within www.respondnh.gov

Section 1A: (SID Number)

- This number is required for anyone applying for a DHS, FEMA, or NFA course. Click on or copy and paste the link onto your browser in order to obtain your number. SID numbers will be entered into the database as part of your permanent record.
- **US Citizenship:** This information is required for federally funded training programs. If you are not a US citizen, you must list your country of birth.
- Affiliated applicants, being sponsored to take a course by their agency/department, must fill out their agency/department information.
- Please provide the official name of your department/agency as well as the address, phone, fax number, and your rank in the department, if applicable. In addition, check off the appropriate box regarding your status in the department.

Section 2: (Course Information)

- Applicants must fill out all of the requested information in this section.
- Explanation of CREF numbers / course numbers:
- Most CREF/course numbers can be found in the division's course catalog both found on the web at:
<https://nhfa-ems.com/catalog/>

Section 3: (Applicant Affirmation and Signature) APPLICANT SIGNATURE REQUIRED!

- This section must be signed by the applicant. Unsigned applications will be considered incomplete and returned to the applicants.
- Submitting an application without having met prerequisites will prohibit enrollment.

Section 4: (Agency/Dept. PAYMENT) SIGNATURE REQUIRED BY AGENCY REP.!

- Leave this section blank if there is no charge for the course or your department is not paying for the course.
- This section applies only to applicants who are affiliated with an agency, department, or business.
- The applicant **DOES NOT** sign in this section! It should only be signed by an agency representative.
- A link to the Division's refund policy is also in this section.
 - ⇒ It is the agency representative's responsibility to be aware of this policy.
- NOTE: If your agency will not be paying for your tuition, please fill out the "General Payment Information Form" located on page 2 of the General Admission Application Form. It is for applicants who will be paying on their own.

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(Local) 603-223-4200

(Fax) 603-271-1091

Medical Release Form

IMPORTANT! Though the medical release form can be submitted at any time, when used for entrance into a course, it cannot be older than three (3) years from the last day of class in which the student is enrolled. When used for CPAT, it cannot be older than one (1) year prior to the scheduled date of the CPAT test.

APPLICANT INFORMATION:

Name: _____ Last 4 digits of Social Security #: _____
Organization name: _____ Birth date: (mm/dd/yyyy) _____
Course Reference (CREF) #: (if applicable) _____

DIRECTIONS: Only ONE of the sections below needs to be completed.

(A) FIRE DEPARTMENT SIGN-OFF:

NOTE: This section MUST be signed by the chief of the department or a designee. In addition, documentation from the applicant's physician or healthcare professional must be enclosed along with this form. (Examples: fit-for-duty sheet or signed letter on healthcare professional's letterhead)

I verify that the student listed above had a physical evaluation on _____ and has been determined to be fit for duty.

Printed Name: _____ Position or Rank: _____

Signature: _____ Date: _____

Official name of fire service organization: _____

OR...

(B) HEALTH CARE PROVIDER SIGN-OFF:

NOTE: This section MUST be completed and signed by a physician or other licensed healthcare professional.

After referring to the "Essential Job Tasks and Student Activities", on page 2 of this form, I authorize the applicant listed above for full duty status by filling out the information below. (no other documentation required)

Printed Name: _____

Signature: _____

Date: _____ Phone: _____

Official Name of Healthcare Agency: _____

Address: _____

Appendix A-
Essential Job Tasks (NFPA 1582)and
Description of Student Activities

1. Performing firefighting tasks (e.g. hose line operations, extensive crawling, lifting, carrying heavy objects, ventilating roofs or walls using power or hand tools, and forcible entry), rescue operations and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.
2. Wearing an SCBA, which includes a demand valve-type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
3. Exposure to toxic fumes, irritants, particulates, biological(infectious) and non-biological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA
4. Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more carrying equipment/tools weighing an additional 20 to 40 lbs.
5. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2 degrees F (39 degrees C).
6. Searching, finding and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility.
7. Advancing water-filled 2 ½ "diameter hose lines from fire apparatus to occupancy (approx.. 150'), which can involve negotiating multiple flights of stairs, ladders and other obstacles.
8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
10. Operating fire apparatus or other vehicles in emergency mode with emergency lights and sirens.
11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.
12. Ability to give and comprehend verbal orders while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers), hear alarm signals, hear and locate the source of calls for assistance from victims or other firefighters.
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.

A student will be required to wear fire protective clothing and SCBA in hazardous, but controlled atmospheres, perform firefighting and rescue operations that expose them to extreme heat, toxic products of combustion and hazardous materials. They will be required to lift and operate equipment and heavy machinery, carry and raise ladders, and climb ladders up to 100' in height. Students may achieve heart rates of 85 to 100% of their maximum capacity during training operations.