

## Fire Company Officer 1 (NFPA 1021) 48 hours



# YORK COUNTY FIRE SCHOOL

*"A part of the Fire Chiefs and Firefighters Association of York County"*

330 Emig Road

York, Pennsylvania 17406

[www.yorkcountfireschool.org](http://www.yorkcountfireschool.org)

Phone: (717) 767-4097, Fax: (717) 764-3243

**Course Title:** Fire Company Officer 1, **SFA Course Code:** FCO – NFPA 1021 **Length of Course:** 48 Hrs.

☛ **Prerequisites:** Firefighter 2, Fire Instructor 1, NIMS ICS for the Fire Service (or equivalent), current Haz-Mat Operations Level training/certification (within one year of course)

☛ **Referenced Texts:** Jones & Bartlett "Fire Officer Principles & Practice" 3<sup>rd</sup> Edition **Cost: \$113.95**

**Student is responsible for purchasing book prior to class - Lancaster County Fireman's Association**

☛ **Description of Course:** This course will provide the student with a basic knowledge of management principles in a fire/rescue organization. Topics of discussion will include management style, communication modes, leadership, organizational structure, pre-planning, health and safety, and legal aspects for a fire officer. Successful completion of the program requires proficiency demonstration in written practical skills and a multiple choice examination.

**Instructor: Chad Deardorff**

**Dates:** (September 12<sup>th</sup>, 14<sup>th</sup>, 26<sup>th</sup>, October 5<sup>th</sup>, 10<sup>th</sup>, 12<sup>th</sup>, 17<sup>th</sup>, 19<sup>th</sup>, 24<sup>th</sup>, 26<sup>th</sup>, & November 7<sup>th</sup>, 2017; 18:30 – 22:30)

**Certification Fee: \$400**

### REGISTRATION INFORMATION

Sponsoring Organization: \_\_\_\_\_ Sta. No. \_\_\_\_\_ County: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ & \_\_\_\_\_ @ \_\_\_\_\_.

(Student Contact Information)

### CHIEF'S AUTHORIZATION

In authorizing a student to attend any York County Fire School-sponsored course, the Chief and/or Supervisor certifies that the student:

1. Meets the qualifications for attendance, including all necessary prerequisites.
2. Does not have any physical and/or other conditions which would prevent them from actively participating in all portions of the course.
3. The student is covered by Worker's Compensation Insurance.

Signature of Authorizing Person: \_\_\_\_\_

PRINT YOUR NAME

**Note: By authorizing this class, you are authorizing the Fire School to bill your organization for no shows. Students failing to give 72 hour notice of withdraw or not attending and/or missing 20% of a class, will subject the organization to a charge for the cost of the class. The organization is responsible for the cost of the class. Failure to pay such fees will result in eliminating your organization members' attendance at future classes.**

E-mail address OR phone # for confirmation / class cancellation notification purposes only (**REQUIRED**):

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ @ \_\_\_\_\_.

(Chief or Training Officer Contact Information Only)

Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY. Thank you.