

**NFPA 1670: Vehicle Rescue Operations (NVRO) 20 hours**



# YORK COUNTY FIRE SCHOOL

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

330 Emig Road

York, Pennsylvania 17406

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

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

**Course Title:** NFPA 1670: Vehicle Rescue Operations, **SFA Course Code:** NVRO, **Length of Course:** 20 Hours

**Prerequisites:** Minimum Age of 16, Vehicle Rescue Awareness – NFPA 1670 (NVRA) & Haz-Mat Operations

**Referenced Texts:** Vehicle Extrication Levels I & II Principles and Practice

**Description of Course:** This course will provide operations-level information and a skill as it pertains to vehicle rescue incidents. Topics will include: incident management, tools/equipment, vehicle anatomy/design, hazard control, patient access, care and packaging, disentanglement, extrication, and termination.

**Dates:** (September 21<sup>st</sup>; 18:30 – 22:30, 22<sup>nd</sup> & 23<sup>rd</sup>, 2018; 08:00 – 17:00)

**Instructor:** Dave Nichols

*Dept. of Health State Exam scheduled for September 26<sup>th</sup>, 2018, starting at 18:30 – at the York County Fire School*

**Cost: \$100.00** (waived if training subscription was purchased)

## **REGISTRATION INFORMATION**

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

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

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

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

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

**(Student 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.**