## Rescue 1006: Vehicle Rescue Technician Level 48 hours



## YORK COUNTY FIRE SCHOOL

"A part of the Fire Chiefs and Firefighters Association of York County"
330 Emig Road

York, Pennsylvania 17406

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Course Title: Technical Rescue 1006: Vehicle Rescue Technician Level Length of Course: 48 hrs

- **Prerequisites:** Tech. Rescue 1006: Vehicle Rescue Awareness & Operations
- Referenced Texts: "Principles of Auto Extrication," IFSTA, Third Edition-Additional charge

Description of Course: This program is designed to enhance the student's ability to perform critical skill sets to meet the intent of NFPA 1006 Vehicle Rescue technician. During this course, students will review advanced vehicle & machinery extrication theories, techniques, & challenges that involve commercial or heavy vehicles, heavy machinery to accurately & safely execute the skill sets required for professional certification Vehicle Rescue Technician. Topics include: rescue incident management, heavy vehicles, complex extrication strategies & tactics for commercial or heavy vehicles, resource management, advanced stabilization systems, multiple uncommon concurrent hazard identification & control, special technical rescue equipment identification & application, specialized extrication tools, methods, & selection criteria, MCI patient care strategies, packaging, lifting & moving, & applicable OSHA & NFPA laws & standards. This course is designed for the experienced rescuer with a strong working knowledge of technical rescue in accordance with NFPA 1006 Chapter 10 & 1670. The course is designed to prepare the rescuer for professional certification testing (written & practical skills) in accordance with NFPA 1006 Vehicle Rescue Technician.

<u>Dates:</u> Sept. 14<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, 28<sup>th</sup>, & Oct. 5<sup>th</sup>, 2019; 0800 – 1700 <u>Instructor:</u> Dana Baker

\*\*Cost: \$75 Regardless of Subscription\*\*

October 5<sup>th</sup> is the Proboard Test-both Written & Practical

REGISTRATION INFORMATION		
Sponsoring Organization:	Sta. No	County:
Student Name:	Da	ate of Birth/ Age
Home Address:		
City:	State:	Zip:
Phone Number ()	& Email	
(Student Co	ntact Information- <mark>All areas MUST be fille</mark>	<mark>d out!</mark> )
	conditions which would prevent them from activel pensation Insurance and your organization has Lia	ability Insurance.
	PRINT YOUR NAME	
Note: By authorizing this class, you are auth students failing to give 72 hour notice of wit organization to be charged for the cost of the class. Failure to pay such fees classes.	thdraw or not attending and/or missing 20 ne class (Not covered under subscription).	% of a class; which will subject the The organization is responsible for

Please email to <a href="mailto:receive-a">Registration@ycfs.us</a>. It can also be mailed or faxed to the address or number listed above.

PLEASE PRINT CLEARLY, if we can't read your email, you won't receive our confirmation email. If you don't receive a confirmation email within 2 business days of registering, please email John@ycfs.us. Thank you.

E-mail address is for class confirmation /cancellation notification purposes only (REQUIRED)