Howland Township Fire & EMS Training Center
169 Niles Cortland Road NE
Warren, Ohio 44484

Raymond Pace, Director — Phone: (330) 856-5022
Brian Pugh, Assistant Director — Fax: (330) 609-9977

Firefighter I

Class Dates: Tuesday's, Thursday's & Sunday's: September 15, 2026 – December 15, 2026

The State fire exam will be given in December at Howland Station #30.

Times: Tuesday and Thursday classes meet from 6 PM – 10 PM. Sunday classes meet from 8 AM - 4 PM (varies).

Location: Howland Fire Department; 169 Niles-Cortland Rd. NE, Warren OH

Cost: Funding will be requested through the 2026/2027 State Fire Marshal Firefighter I Training Grant. **Please be advised that this funding is first come, first served and may not be available. Below is the possible cost, please plan accordingly.**

$1,500.00 Registration, Books & online learning platform (Navigate)

$585.00 Rental Gear – Turnout Gear Rental, Inc (*not included in Grant*)
BCI Background Check – To be completed on own

Gear supplied from a sponsoring department must be within NFPA 10 yr. compliance

Class size: Limited to the first 20 eligible people who submit registration by the September 6 registration deadline.

Prerequisite: **Valid CPR and First Aid Certification**
Completed NFPA compliant physical examination by Doctor
Bureau of Criminal Investigation and Identification (BCI) check
Placement Test: <u>Please contact the training center to schedule your exam.</u>

Students may enter the program if they are at least 17 years old and in their final year of high school. All students are **required** to take an entry level placement test prior to being accepted into the program. This test will cover reading, mathematical computation, language, and spelling.

The test is given at the Howland Fire Department at 169 Niles Cortland Rd NE (near the intersection of Route 46 and E. Market). Park in the rear of the building and enter through the glass door #2 located under the awing. You will need to allow 1-1/2 hours to take the test. Please check the date that you are taking the pretest on your registration form and return. You may come in anytime between the hours shown above. The test on Saturday is only offered at 9 AM. There is no fee to take the test. Students are permitted to take the test twice.

Students must provide the following information before the first night of class:

- **Copy of Valid CPR & First Aid Card**
- **A copy of Ohio driver's license**
- **Completed NFPA compliant physical examination by Doctor – Forms attached & available online.**
- **Bureau of Criminal Investigation and Identification (BCI) check paid for by the candidate.**

NIMS: (**N**ational **I**ncident **M**anagement **S**ystem) Effective September 30, 2006, all EMS & Fire personnel must have NIMS courses **IS-100.b** and **IS-700.a** as mandated by the Department of Homeland Security pursuant to Homeland Security Directives HSPD-5 and HSPD-8. Students are responsible for obtaining both courses on-line at www.training.fema.gov There is no cost to take the courses. A Certificate of Completion will be emailed to you when you successfully complete each course. You must submit copies of your Certificates of Completions for both courses by the required dates shown on your class syllabus.

If you like, you may take these on-line courses prior to the start of class. If you have questions on how to take these courses, more information will be provided by your instructor when the class starts.

CPR: All students will be required to take a CPR (BLS – Healthcare Provider) & First Aid as a pre-requisite before starting Firefighter Training.

Refund Policy: 100% - Withdrawal one (1) week prior to the start of class
50% - Approved withdrawal through the second week of class
0% - Withdrawal after the second week of class
***It may take up to 90 days for any refunds*.** No refund on books once they are used.

ProBoard: Following the issuance of an Ohio Firefighter II certificate to practice, the firefighter will be emailed a notice of eligibility and a link to apply for Pro Board certification. To be eligible, a score of 70% or higher must be obtained on both the level I and level II portions of the exam.

Registration Deadline: September 4, 2026

Make checks or money orders payable *in full* to the Howland Training Center. Purchase orders will only be accepted from Fire Departments. Funding may be available for the State Fire Marshal Firefighter I Grant. Grant is first come first served and may not be available if all funds are extinguished.

****If interested in paying by credit card, please call for details. Additional fees may apply****

If you have any questions, please call Natalie Gifford at 330-856-5022,
Monday through Friday between the hours of 8 AM – 4 PM.

Howland Twp. Fire & EMS Training Center

Phone: 330-856-5022 Fax: 330-609-9977

Application for Admission to a Firefighter Training Program

_____ _____ _____ _____-_____-_____ _____
(Print) Last Name First Name MI Social Security Number Date of Birth

_____ _____ _____ ___ _____ (___)_____ (___)_____
Home Address (Street) PO Box City State ZIP Code Phone Number Alternate Phone Number

Email: _____ State Certification #:_____

Indicate the class that you are registering for:

☐ FF I
☐ Firefighter II
☐ Firefighter I & II

Billing Information:

☐ Self Pay (*See Registration Deadline & Refund Policy*)
or
☐ Bill my department for the class

_____
(Name of Department)

You must answer the following questions:

☐ Yes ☐ No I will need rental gear. Check all that apply: ___PPE (*coat, pant, helmet, boots, etc*) __SCBA (*Air pack, mask, etc.)*
☐ Yes ☐ No Are you less than 18 years of age?
☐ Yes ☐ No If you checked yes to the above question, are you 17 years of age and currently enrolled in your twelfth or final year of high school? ***If you are under 18 years of age and/or still in high school, you must have your parent or legal guardian sign this form before it can be accepted***.
☐ Yes ☐ No Have you been convicted of, pled guilty to, or had a judicial finding of guilt for any of the following: A misdemeanor committed in the course of practice; fraud or material deception in applying for, or obtaining a fire certificate; a felony; a misdemeanor of moral turpitude; a violation of any federal, state, county or municipal narcotics law; any act committed in another state that, if committed in Ohio would constitute a violation?
☐ Yes ☐ No Have you been adjudicated mentally incompetent by a court of law?
☐ Yes ☐ No Are you currently under indictment for a felony or a misdemeanor involving moral turpitude?
☐ Yes ☐ No Do you currently engage in the illegal use of controlled substances, chemical substances, or other habit-forming drugs; or engage in the use if alcohol to an extent that it impairs the ability to perform the duties of a firefighter or fire safety inspector?

I attest that the above information is true and correct to the best of my knowledge. I authorize the Training Center to verify this information.

Applicant Signature

Parent/Legal Guardian Signature

I attest that the above information is true and correct to the best of my knowledge. I authorize the Training Center to verify this information.

Fire Chief Signature if applicable

Registration Deadline: Friday, September 4, 2026.

Limited to the first 20 **eligible** applicants

Return completed form by mail or FAX to the address/Fax number shown above. Form may be copied.

Howland Township Fire & EMS Training Center
169 Niles-Cortland Rd. NE
Warren, OH 44484
Phone: 330-856-5502
Fax: 330-609-9977

RELEASE

WHEREAS, the undersigned voluntarily desires to participate in the _____ sponsored by the Howland
(Write in the Name of the Class)
Twp Fire & EMS Training Center: and

WHEREAS, the undersigned is aware that there are risks and hazards which may arise through participation in said activity and that participation in said activity has serious risks, including risk of loss of life and/or limb and/or property of the undersigned: and

WHEREAS, the undersigned being knowledgeable that risks are involved in said course and being willing to waive all rights or claims to injury, person and/or property:

THEREFORE, it is agreed as follows:

In consideration of being allowed to participate in said activity, the undersigned hereby voluntarily assumes all risks of accident or damage to his/her person or property resulting, in any way, from his/her participation in said activity, and hereby releases the Howland Township Fire and EMS Training Center, its agents and employees from every claim, liability, or demand of any kind sustained whether caused by negligence of the said Howland Township Fire and EMS Training Center, its agent or employees, or otherwise. This Release shall be binding upon any heirs, administrators, executors, and assigns of the undersigned.

The undersigned, by signing this Release, hereby certifies that the undersigned has read and fully understands the conditions herein stated.

_____
Department Chief Signature

_____
Department Name

_____
Date

_____
Student Name (Print)

_____
Student Signature

_____
Student Social Security Number

_____
Date

Howland Township Fire & EMS Training Center

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WAIVER

The Howland Township Fire & EMS Training Center in making available its or other selected facilities, training grounds, equipment and its staff to provide an opportunity to learn on the part of its students and other invitees, makes no representation of and assumes no liability for the suitability or condition of its or other selected facilities, training grounds or equipment.

The Training Center assumes no liability for and shall be indemnified and held harmless from any claims, demands or suits of any nature, kind or description whatsoever, including costs and expenses, for or on account of any loss or damage to property owned or possessed by any student of other invitee or any injury to such person which may result from any cause, including but not limited to, the condition and operation of the Training Center, including its facilities, grounds, and equipment, and the acts or omissions of members of its staff and instructors.

Training Center staff and the instructors, in their personal and representative capacity, assume no liability for and shall be indemnified and held harmless from suit of any nature, kind or description whatsoever, including costs and expenses, for or on account of any loss or damage to property owned or possessed by any student or other invitee or any injury to such person which may result from any act or omission by a student, or invitee.

Student or invitee hereby authorizes the Training Center to seek emergency medical treatment on his/her behalf as necessary and agrees to pay for any and all medical expenses incurred on his/her behalf. Student or invitee shall indemnify and hold harmless the Training Center, its staff and instructors relative to the provision of such emergency medical treatment and related expenses.

_____
Name (Print)

_____
Signature

_____
Date

Howland Township Fire & EMS Training Center

169 Niles-Cortland Rd. NE
Warren, OH 44484
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This letter is an agreement between the Howland Fire & EMS Training Center and _____ regarding the 2026/2027 State Fire Marshal Firefighter I Training Grant. Funding may be available for the State Fire Marshal Firefighter I Grant. Grant is first come first served and may not be available if all funds are extinguished.

The Howland Fire & EMS Training Center will submit _____ for Firefighter I Training funding through the 2026/2027 State Fire Marshal Firefighter I Training Grant at a cost of $1500. The 2026/2027 State Fire Marshal Firefighter I Training Grant only pays for students who receive a Certificate of Completion from a Fire I course and if the funds are available. Therefore, if _____ fails to successfully pass the class or drops the class before completion or the funds are not available through the grant, _____ will be obligated to reimburse the Howland Fire & EMS Training Center $1500 following the Howland Training Center Refund Policy.

The refund policy for all programs is as follows:

Withdrawal one (1) week prior to the start of class	100%
Approved withdrawal through the second week of class	50%
Withdrawal after the second week of class	0%

_____ _____
Chief Raymond Pace Date
Director

_____ _____
Signature Date

_____
Print Name

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Physical Requirements for Firefighter

To ALL students enrolling in a Fire Training Program

Students are required to provide the Training Center with a Completed NFPA compliant physical examination by Doctor prior to attending class – Forms attached or available on website in accordance with NFPA 1582. To assist the student in obtaining this, we are providing the following information for you to give to your doctor so that they can evaluate your ability to perform the duties of a firefighter for the training program.

Physical Requirements

A good way to prepare yourself for this demanding training is to maintain or improve your overall physical fitness. A suitable weight-training program is a good place to begin. People of smaller stature should consider a specific program to develop upper body strength.

PHYSICAL PERFORMANCE REQUIREMENTS

You must be declared "Fit for Duty" in accordance with NFPA 1582 by your physician and be able to physically perform in these eight job-specific areas. This may be done wearing mandatory Personal Protective Equipment (PPE) during the training program

- ✓ Bunker coats (8 pounds dry or approximately 15 pounds wet)
- ✓ Bunker pants and boots (15 pounds dry or approximately 23 pounds wet)
- ✓ Helmet (4 pounds)
- ✓ Gloves (2 pounds dry)
- ✓ And our current Self Contained breathing apparatus (30.5 pounds).

The combined total weight of just the PPE is approximately 59 pounds dry (and as much as 74 pounds when they are wet). Added to that would be a wide variety of hand held equipment such as an axe or saw which you may be required to carry or use.

- *Stair Climb* – in full protective clothing
- *Hose Drag* – maneuvering around obstacles
- *Equipment Carry* – moving power tools to and from an emergency scene
- *Ladder Raise, Extension and Climb* – from ground ladder to roof or window
- *Forcible Entry* – breaking through a locked door or knocking down a wall
- *Search* – Crawling and searching for a victim in limited visibility
- *Rescue* – removing a person from a scene
- *Ceiling Breach and Pull* – bringing down a ceiling with a pike pole

Please have your doctor complete the attached NFPA compliant physical form. 4765-11-12 & 4765-11-13 – Students enrolled in a Firefighter Course shall meet the objectives in the NFPA 1001. Medical requirements of NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments. NFPA 1582 Chapter 6, section 6.1 Medical Evaluation states, "A medical evaluation of a candidate shall be conducted prior to the candidate being placed in training programs or fire department emergency response activities."

Howland Fire & EMS Training Center

Medical Evaluation NFPA 1582

Name _____ Date of Birth _____

Sex M F Age _____ Address _____

Emergency Contact: Name _____ Phone _____ Relationship _____

The student has met the requirements of this medical evaluation YES NO

circle one

The Ohio Department of Public Safety requires Firefighter students to meet the medical requirements of NFPA 1582 (National Fire Protection Association).
NFPA 1582 Chapter 6
6.1: A medical evaluation of a candidate shall be conducted prior to the candidate being placed in a training program or fire department emergency response activities.
6.2.2: Candidates with category A medical conditions shall not be certified as meeting the medical requirements of this standard.

If a candidate answers yes to any of the medical conditions, they will not be permitted to attend firefighter training.

6.3 Head and Neck	Yes	No
Do you have any defect of skull preventing helmet use or leaving underlying brain unprotected from trauma?		
Do you have any skull or facial deformity that would not allow for a successful fit of a respirator?		

6.4 Eyes and Vision	Yes	No
Far visual acuity less than 20/40 binocular corrected, or less than 20/100 binocular uncorrected?		
Do you have Monochromatic vision?		
Do you have Monocular vision?		

6.5 Ears and Hearing	Yes	No
Do you have chronic vertigo or impaired balance?		
Do you have hearing loss in the unaided better ear greater than 40 decibels (dB) at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz when the audiometric device is calibrated to ANSI Z24.5?		
Do you require a hearing aid or cochlear implant?		

6.6 Dental	Yes	No
Do you have any dental conditions that would inhibit the use of a respirator?		
Do you have any dental conditions that would inhibit your ability to communicate effectively?		

6.7 Nose, Oropharynx, Trachea, Esophagus, and Larynx	Yes	No
Do you have a tracheostomy?		
Do you have aphonia?		
Do you have any nasal, oropharyngeal, tracheal, esophageal, or laryngeal conditions that would inhibit the use of a respirator?		

6.8 Lungs and Chest Wall Do you have any of the following conditions?	Yes	No
Active hemoptysis		
Current empyema		
Pulmonary hypertension		
Active tuberculosis		
Obstructive lung disease		
Lung transplant		
Hypoxemia - Exercise testing is indicated when resting oxygen is less than 94% - Exercise desaturation shall not be less than 90%		
Asthma - reactive airway disease requiring bronchodilator or corticosteroid therapy for 2 or more consecutive months in the previous 2 years, unless the candidate can meet the requirement in 6.8.1.1 *Exceptions available upon request*		

6.9 Aerobic Capacity	Yes	No
Do you have an aerobic capacity less than 12 metabolic equivalents (METs) (1 MET = 42 mL02/kg/min) ?		

6.10.1 Heart Do you have any of the following conditions?	Yes	No
Coronary heart disease		
Cardiomyopathy or congestive heart failure		
Acute pericarditis, endocarditis, or myocarditis		
Recurrent syncope		
Third - Degree atrioventricular block		
Cardiac pacemaker		
Hypertrophic cardiomyopathy		
Heart transplant		
A medical condition requiring an automatic implantable cardiac defibrillator		

Howland Fire & EMS Training Center

Medical Evaluation NFPA 1582

6.10.2 Vascular System Do you have any of the following conditions?	Yes	No
Hypertension		
Thoracic or abdominal aortic aneurysm		
Carotid artery stenosis or obstruction resulting in greater than or equal to 50 % reduction in blood flow		
Peripheral vascular disease		
6.11 Abdominal Organs and Gastrointestinal System	Yes	No
Presence of uncorrected inguinal / femoral hernia		
6.12 Metabolic Syndrome	Yes	No
Metabolic syndrome with aerobic capacity less than 12 METs		
6.13 Reproductive System	Yes	No
Are you pregnant? *See annex for further information*		
6.14 Urinary System	Yes	No
Do you have renal failure or insufficiency requiring continuous ambulatory peritoneal dialysis (CAPD) or hemodialysis?		
6.15 Spine and Axial Skeleton Do you have any of the following conditions?	Yes	No
Scoliosis of thoracic or lumbar spine with angle greater than or equal to 40 degrees		
History of spinal surgery with rods still in place		
Any spinal or skeletal condition producing sensory or motor deficit or pain due to radiculopathy or nerve root compression		
Any spinal or skeletal condition causing pain that frequently or recurrently requires narcotic analgesic medication		
Cervical vertebral fractures with multiple vertebral body compression greater than 25%		
Thoracic vertebral fractures with vertebral body compression greater than 50%		
Lumbosacral vertebral fractures with vertebral body compression greater than 50%		

6.16 Extremities Do you have any of the following conditions?	Yes	No
Joint replacement. See addendum for exceptions		
Amputation or congenital absence of upper extremity		
Amputation of either thumb proximal to the mid-proximal phalanx		
Amputation or congenital absence of lower extremity. See addendum for exceptions		
Chronic non-healing or recent bone grafts		
History of more than one dislocation of shoulder without surgical repair or with history of recurrent shoulder disorders within the last 5 years with pain or loss of motion, and with or without radiographic deviations from normal		
6.17 Neurological Disorders Do you have any of the following conditions?	Yes	No
Ataxias of heredo-degenerative type		
Cerebral arteriosclerosis as evidenced by a history of transient ischemic attack, reversible ischemic neurological deficit, or ischemic stroke		
Hemiparalysis or paralysis of a limb		
Multiple sclerosis with activity or evidence or progression within previous 3 years		
Myasthenia gravis with activity or evidence or progression within previous 3 years		
Progressive muscular dystrophy or atrophy		
Uncorrected cerebral aneurysm		
Any single unprovoked seizures and epileptic conditions, including simple partial, complex partial, generalized, and psychomotor seizure disorders. See addendum for exceptions		
Dementia (Alzheimer's and other neurodegenerative diseases) with symptomatic loss of function or cognitive impairment		
Parkinson's disease and other movement disorders resulting in uncontrolled movements, bradykinesia, or cognitive impairment		

Howland Fire & EMS Training Center

Medical Evaluation NFPA 1582

6.18 Skin Do you have any of the following conditions?	Yes	No
Metastatic or locally extensive basal or squamous cell carcinoma or melanoma		
Any dermatologic condition that would not allow for a successful fit test for a respirator		
6.19 Blood and Blood-Forming Organs Do you have any of the following conditions?	Yes	No
Hemorrhagic states requiring replacement therapy		
Sickle cell disease (homozygous)		
Clotting disorders		
6.20 Endocrine and Metabolic Disorders Do you have any of the following conditions?	Yes	No
Type 1 diabetes mellitus. *Exceptions available upon request*		
Insulin-requiring Type 2 diabetes mellitus. *Exceptions available upon request*		
6.22 Tumors and Malignant Diseases Do you have any of the following conditions?	Yes	No
Malignant disease that is newly diagnosed, untreated, or currently being treated, or under active surveillance due to the increased risk of reoccurrence		
6.24 Chemicals, Drugs, and Medications	**Yes**	**No**
Do you require chronic or frequent treatment with any of the following medications or classes of medications?		
Narcotics, including methadone		
Sedative-hypnotics		
Full-dose or low-dose anticoagulation medications or any drugs that prolong prothrombin time (PT), partial thromboplastin time (PTT), or international normalized ratio (INR)		
Respiratory medications; inhaled bronchodilators, inhaled corticosteroids, systemic corticosteroids, theophylline, and leukotriene receptor antagonists		
High-dose corticosteroids for chronic disease		
Anabolic steroids		
Evidence of illegal drug use detected through testing, conducted in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA)		
Evidence of clinical intoxication or a measured blood level that exceeds the legal definition of intoxication		

Student Name:

_____

Office Name:

_____

Office Phone:

_____

Office Contact Person:

_____

This is to certify that the above named student had a physical exam on _____ (date) and is in apparent good health, has no condition that would endanger the health and wellbeing of students or College staff, has met the requirements of this form, and is physically / mentally able to participate in the Firefighter program at Howland Training Center

Healthcare Provider Printed Name:

_____

Healthcare Provider Signature:

_____

Office Stamp Area

Howland Fire & EMS Training Center

Medical Evaluation NFPA 1582

ANNEX

6.13 a

Heavy physical exertion has been associated with spontaneous abortions. Lifting heavy objects should be avoided during pregnancy. Excessive heat, toxic chemicals and catecholamine surges have the potential for fetal harm.

A "YES" answer does not indicate non-compliance. Further documentation concerning pregnancy and NFPA 1582 is available upon request.

Physical Exam	Nml	Abn.
General	☐	☐
HEENT	☐	☐
Neck		☐
Cardiac	☐	☐
Pulmonary	☐	☐
Abdomen	☐	☐
Back	☐	☐
Extremities	☐	☐
GU	☐	☐
Neurological	☐	☐
Medical History	☐	☐

Physician Notes/Comments

BP

HR

HT

WT