



Scioto County Career Technical Center
Post-Secondary Education

Fire Services Training

Getting started at Scioto Tech

*Program Cost/Hours: Listed separately with each program.

2018-2019 Entrance Requirements

Firefighter Volunteer Program	*Program Cost: \$468.00 / Program Hours: 36
Firefighter I/Transitions Program	*Program Cost: \$951.00 / Program Hours: 124
<input type="checkbox"/> Must be certified volunteer firefighter and provide copy of valid fire card <input type="checkbox"/> Submit copy of valid Ohio driver's license <input type="checkbox"/> Pre-Requisite: <ul style="list-style-type: none"> • 8 hrs EMS/CPR course. Must be completed prior to FFI/Transition Program. • 16 hrs Emergency Vehicle Operation course. Can be completed prior to or after FFI/Transition Program. MUST be completed before receiving FFI/Transition Certification. 	
Firefighter I	*Program Cost: \$1,135.00 / Program Hours: 160
<input type="checkbox"/> Submit copy of valid Ohio driver's license <input type="checkbox"/> Pre-Requisite: <ul style="list-style-type: none"> • 8 hrs EMS/CPR course. Must be completed prior to FF I Program. • 16 hrs Emergency Vehicle Operation course. Can be completed prior to or after FF I Program. MUST be completed before receiving FF I Certification. 	
Firefighter II/Transitions Program	*Program Cost: \$945.00 / Program Hours: 90
<input type="checkbox"/> Must be certified Firefighter I and provide copy of fire card <input type="checkbox"/> Firefighter II/Transitions consists of 84 class hours with an additional 6 testing hours. <input type="checkbox"/> Submit copy of valid Ohio driver's license	
Fire Safety Inspector Program	*Program Cost: \$936.00 / Program Hours: 80
<input type="checkbox"/> Must be certified firefighter, and provide copy of fire card, under section 4765.55 of the ORC (or one of the following listed below): <ul style="list-style-type: none"> • Office of the State Fire Marshall • Firefighting agency defined by division (A)(3) of section 9.60 of the ORC. • Private fire company defined by division (A)(5) of section 9.60 of the ORC in accordance with division (B), (C), or (D) of the same section. <p><i>IF any such student is NOT one of the above listed, it is our school policy to allow them to partake in the training session, but they WILL NOT be able to take the state certification. They will instead receive a certificate of attendance only.</i></p> <input type="checkbox"/> Submit copy of valid Ohio driver's license	

EMS/CPR *Program Cost: \$50.00 / Program Hours: 8
 The EMS/CPR Course is a Pre-Requisite for the Firefighter I/Transitions and the Firefighter I Programs and must be completed prior to the programs.

Emergency Vehicle Operation Course *Program Cost: \$100.00 / Program Hours: 16
 The Emergency Vehicle Operation Course is a Pre-Requisite for the Firefighter I/Transitions and the Firefighter I Programs and may be completed prior to the programs or after the programs.
 MUST be completed before receiving Firefighter I/Transitions and the Firefighter I Completion Certification.

Financial Aid/Financial Arrangements

- Financial responsibility to be taken care of prior to start of program.
*Program costs do not include pre-entrance costs. Pre-entrance costs are the sole responsibility of the student.

Informational Meeting

- The informational meeting is a scheduled group meeting. However, if you are unable to attend, a one-on-one meeting with the program director can be scheduled.

Complete, sign and return the last seven (8) pages of this packet to the Firefighter Instructor.

- Accommodation Request for Written Examination
- Application for Admission - Fire Training Program (SF.101.3-16)
- Acknowledgement of Receipt (PF.696-1.14)
- Firefighter Release Form (PF.693.14)
- Declaration of Criminal History Information Form (PF.690.14)
- Student Enrollment Data (SF.127.14)
- NFPA 1582 – Medical Evaluation Form
- Release of Information (SF.122.14)



Scioto County Career Technical Center Post-Secondary Education

Fire Training Charter #126 Class Guidelines

It is **REQUIRED** to be at the organizational meeting, books are ordered and required files are maintained as directed by Ohio Revised Code for each student. Please follow all the steps below, failure to do so may result in being dropped from the class cycle:

1. Lead Instructor, Senior Instructors, and Assistant Instructors will do their utmost to assist student with requirements, objectives, practical's, bookwork and forms – but it is the student's responsibility to do the necessary work, and have all the necessary forms turned in a timely manner.
2. Complete and return ALL required forms. No partial packets will be accepted. Student is required to read the SCCTC Student Handbook for short-term programs.
3. Student is required to list a current address on all forms. Without a current address completion documentation and card may not be issued. If sponsored by a fire department, ensure that the department chief signs all forms where indicated.
4. Disruptive behavior and/or failure to follow safety requirements **WILL** result in immediate expulsion from the program.
5. Attendance is mandatory for all scheduled hours as described in the entrance requirements, course schedules, subject area content & course objective.
6. Student received a course objective sheet, course schedule and grading policy.
7. Student can be 17 years of age **AND** a senior in high school with a parental or legal guardian signature; they can take the state certification test but will not receive the card until your 18th birthday. It is the student's responsibility to contact the State Fire Division to notify them that they have turned 18.
8. Student **MAY NOT** have a beard (or blocking facial hair determined by instructors to violate Ohio Administrative Code Chapter 4121:1-21.
9. Student **MUST** provide evidence of physical exam as required by Ohio Administrative Code Chapter 4121:1-21.
10. Student **MUST** use SCBA (self-contained breathing apparatus) as required by Ohio Administrative Code Chapter 4121:1-21.
11. Student **MUST** wear all NFPA approved turn out gear as required by Ohio Administrative Code Chapter 4121:1-21.
12. If you are not affiliated with a fire department, you **MUST** pay the tuition fee prior to the first day of class.
13. If requesting Reasonable Accommodations (ADA), please complete the attached form and return to the charter Fire Program Director as soon as possible, this request can take at least 30 days for the Division of EMS to review. For questions concerning, ADA, please make an appointment to speak with the Director.
14. The certification test will be at the Scioto County Career Technical Center (date to be determined). Be there 20 minutes early!
15. Student is responsible for any additional requirements as prescribed by Charter #126 and its Director, as well as the Director of Continuing Education at the Scioto County Career Technical Center.
16. Student must meet **ALL** requirements to take the course:
 - Volunteer Firefighter – Meet the requirements
 - Firefighter I Transitions – Meet the requirements **AND** be a Certified Volunteer Firefighter
 - Firefighter II Transitions – Meet the requirements **AND** be a Certified Firefighter I
 - Fire Safety Inspector – Meet the requirements **AND** be a Certified Firefighter II, and other requirements

Complete the following requirements.

- Submit a copy of driver's license. (FFI Only)
- Review the SCCTC Short-Term Student Handbook.
- Submit ICS-100: Introduction to the Incident Command System.
- Submit IS-700: National Incident Management System. An Introduction.

EMI (Emergency Management Institute) works in collaboration with the whole community to provide training in support of the NIMS Training Program. The Preparedness Branch coordinates EMI's NIMS training efforts with the National Integration Center (NIC) to integrate NIMS doctrine and training with whole community needs.

National Incident Management System (NIMS)

NIMS and NIMS training program information is detailed at: <https://www.fema.gov/national-incident-management-system>

(FORMS TO BE SIGNED BY DEPARTMENT CHIEF)

- Complete and return Firefighter Physical Verification (PF.691.14)
- Complete and return Firefighter Waiver (PF.692.14)
- Complete and return Firefighter Letter of Intent (PF.694.14)
- Fire Instructor Disclaimer, Firefighter I - 36-hours Volunteer (PF.697.14)



Plan	Health & Safety Plan		
Date:	1.17.14	Revision Date:	9.29.15; 3.9.16
Description:	<p>OBJECTIVES</p> <ul style="list-style-type: none"> • To insure that students attending classes at SCCTC are provided with a safe learning environment. • To insure that students are medically able to participate in program of study, • To address illnesses and injuries occurring while on the SCCTC campus. <p>IDENTIFICATION OF RESPONSIBILITY FOR COORDINATION OF SERVICES</p> <p>All post-secondary education program instructors, coordinators, director and staff are responsible for maintaining a safe environment and for reporting safety issues. When violations are found, they are to be reported by the person making the discovery. All illnesses and injuries are to be addressed by the first SCCTC employee(s) made aware of the issue.</p> <p>HEALTH</p> <ol style="list-style-type: none"> 1. The costs of all professional services are the responsibility of the student. 2. Some programs require physical exams and other documentation prior to start of class. Check with individual program coordinators for specific requirements. 3. Students with medical conditions which could interfere with the ability to meet course and/or clinical/precepting/externship objectives are to notify the program coordinator at the beginning of the program or as soon as the condition is known. A medical leave of absence may become necessary if illness or injury interferes with academic or clinical/precepting/externship objectives, or if attendance is not maintained per program policy. <ul style="list-style-type: none"> *Program-specific policies may apply – discuss with program coordinator. 4. All students are expected to consult their personal physician for illnesses prior to coming to school. 5. Students who have a medical condition that warrants an identification necklace or bracelet are encouraged to wear them while in attendance at SCCTC. 6. Students are strongly encouraged to carry adequate personal medical/hospitalization insurance. The school provides a small accident coverage policy for each student. Additionally, the health programs provide liability insurance to cover errors made while working with patients/residents during clinical/precepting/externship/internship experiences. The health program faculty is also covered by the liability insurance policy when working with students. 7. While at SCCTC, if an injury or illness occurs that prevents the student from performing their normal daily duties or routines, the issue is to be reported to an instructor, program coordinator, or post-secondary education office staff member immediately. 8. The illness or injury will be evaluated and a determination made as to whether the student needs to leave SCCTC to seek medical treatment or if emergency medical assistance is needed. <ul style="list-style-type: none"> *SCCTC reserves the right to send a student home from the class, lab, or clinical/externship/job site if they their illness/injury could result in harm to themselves or others. The student will be counted as “absent” if sent home by a SCCTC instructor or administrator. 		



9. Students are NOT to bring sick children to class, clinical, externships, or other job sites.
10. Injuries or illnesses which require response by the local Emergency Medical Service or other circumstances identified by the instructor, administrator, or staff member will need to be reported on a SCCTC Accident/Incident Report form and distributed to the appropriate parties. One copy will be placed in the student's personal file.
11. If the illness or injury occurs at a clinical, precepting, externship or other work site, the appropriate instructor/preceptor/supervisor is to be notified immediately and a SCCTC Accident/Incident Report is to be filed.
12. Incident Reports specific to a company or facility where clinical, externship, or other work experience is occurring will be filed, as needed, in addition to the SCCTC Incident Report.

SAFETY

1. Refer to the SCCTC Emergency Action Plan found in the red binder in each lab, classroom or office, for current guidelines on Emergency procedures for weather, accident, intruder or other safety issues. Become familiar with common procedures and implement them consistently, if the need arises.
2. Be alert at all times and report any unusual activity immediately to a supervisor, Deputy/Campus Security (extension 2250 OR Cell: 357-0343), or the post-secondary office (extensions 1103, 1104, 1108, or 1117).
3. Refer to the *SCCTC Post-Secondary Education Center Handbook*, "Appropriate and Safe Behavior", for guidelines on campus safety.
4. Immediately clean up all spills in classrooms, offices or hallways. If larger spills occur, notify a custodial employee promptly for clean-up and restrict access to the area until it has been cleaned.
5. Follow all District rules about open flames, power cords, and other potentially dangerous issues. Report violations observed to an administrator or the adult education office.
6. For the safety of all involved, students are not permitted to bring children to class, clinical, externship or other work sites.

SAFETY & SECURITY REPORT

The annual Safety & Security Report is required by federal law and contains policy statements and crime statistics for the district. This report is in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act. It includes certain types of reported crimes that may have occurred on properties owned or controlled by the district being used for educational purposes, and on public property within or immediately adjacent to district properties. This report is available online at http://sciototech.org/home/?page_id=5668. The Ohio Registered Sex Offender list can be accessed at <http://www.drc.ohio.gov/offendersearch/search.aspx>, or <http://www.meganslaw.gov>. These documents are also available in printed format in the post-secondary education office. The annual Safety & Security Report is updated and posted on October 1.

PLAN REVIEW

The SCCTC Health & Safety Plan shall be reviewed no less than annually by the post-secondary director, staff, coordinators, advisory committees, and students.

The Scioto County Career Technical Center
POLICY ON SEXUAL AND GENDER-BASED HARASSMENT
AND OTHER FORMS
OF INTERPERSONAL VIOLENCE

STATEMENT OF POLICY

The Scioto County Career Technical Center (Scioto County CTC) is an institution built upon honor, integrity, trust, and respect. Consistent with these values, The Scioto County CTC is committed to providing a safe and non-discriminatory learning, living, and working environment for all members of its community. The Scioto County CTC does not discriminate on the basis of sex or gender in any of its education or employment programs and activities. To that end, this Policy prohibits specific forms of behavior that violate Title IX of the Education Amendments of 1972 (“Title IX”); Title VII of the Civil Rights Act of 1964 (“Title VII”). Such behavior also requires The Scioto County CTC to fulfill certain obligations under the Violence Against Women Reauthorization Act of 2013 (“VAWA”) and the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (“Clery Act”).

The Scioto County CTC is committed to providing a work and school environment free of unlawful harassment or discrimination. In furtherance of this commitment the Scioto County CTC provides training to key staff members to enable The Scioto County CTC to handle any allegations of sexual harassment or sexual violence promptly and effectively. School Policy prohibits harassment or discrimination based on race, religion, creed, color, national origin, ancestry, sex (including pregnancy, childbirth or related medical conditions), gender identity, military or veteran status, physical or mental disability, medical condition, marital status, age, sexual orientation, gender, gender identity or expression, genetic information or any other basis protected by the federal, state or local law. This Policy also prohibits domestic violence, dating violence, sexual assault, and stalking, as defined below, and referred to as Prohibited Conduct. Additionally, in accordance with Title IX of the Education Amendments of 1972, The Scioto County CTC has jurisdiction over Title IX complaints.

The Scioto County CTC’s anti-harassment Policy applies to all persons involved in the operation of The Scioto County CTC, and prohibits unlawful harassment by any employee of The Scioto County CTC, as well as students, customers, vendors or anyone who does business with The Scioto County CTC. It further extends to prohibit unlawful harassment by or against students. Any employee, student or contract worker who violates this Policy will be subject to disciplinary action. To the extent a customer, vendor or other person with whom the School does business engages in unlawful harassment or discrimination, The Scioto County CTC will take appropriate corrective action.

As part of Scioto County CTC's commitment to providing a harassment-free working and learning environment, this Policy shall be disseminated to The Scioto County CTC community through publications, The Scioto County CTC website, new employee orientations, student orientations, and other appropriate channels of communication. The Scioto County CTC provides training to key staff members to enable The Scioto County CTC to handle any allegations of sexual harassment or sexual violence promptly and effectively. The Scioto County CTC will respond quickly to all reports, and will take appropriate action to prevent, to correct, and if necessary, to discipline behavior that violates this Policy.

PRIMARY AWARENESS PROGRAMS

The Scioto County Career Technical Center provides programming for all incoming students and new employees to share information and resources to prevent violence, including domestic violence, sexual assault and staking, promote safety, and reduce perpetration. In addition to this Policy the Campus Safety & Security page on the district website provides information about sexual and gender-based harassment including the district's policies prohibiting Sexual and Gender-Based Harassment, and Anti-Bullying/Hazing.

Student orientation and handbook covers Sexual and Gender-Based Harassment, and Anti-Bullying/Hazing. Policies are also reviewed by program advisory committee members annually. Key staff members receive sexual harassment and sexual violence training. These key staff members provide in-service training for other staff.

ONGOING PREVENTION AND AWARENESS CAMPAIGNS

The Scioto County Career Technical Center provides students with ongoing prevention and awareness campaigns that consist of programming, initiatives, and strategies that are sustained over time and focus on increasing understanding of topics relevant to, and skills for addressing Prohibited Conduct, using a range of strategies with audiences. The specific ongoing prevention and awareness campaigns are (1) ACLU Gender-Based Violence & Harassment: Your School, Your Rights Factsheet available for all students; and, (2) Confronting Sexual Harassment in School: What Every Student Needs to Know playing in the school lobby at scheduled intervals throughout the school year.

RISK REDUCTION

Scioto County Career Technical Center provides information on risk reduction to recognize warning signs of abusive behavior and how to avoid potential attacks. Risk reduction consists of options designed to decrease perpetration and bystander inaction and to increase empowerment in an effort to promote safety and to help individuals and communities address conditions that facilitate violence. The Scioto County Career Technical Center is using the staff training, new student orientation, printed materials, and video reenactments focusing on the victims of harassment and illustrates how harassment can take many forms, including physical touching and grouping, verbal jokes and rumors, gay bashing, and hurtful text and online messages. The video reenactments will play in the school lobby at scheduled intervals throughout the school year.

DEFINITIONS

The following definitions are used throughout this document and reflect the Policy of the Scioto County Career Technical Center:

Sexual Assault consists of (1) Sexual Contact and/or (2) Sexual Intercourse that occurs without Affirmative Consent.

Sexual Contact is:

- Any intentional sexual touching, however slight,
- With any object or body part (as described below)
- Performed by a person upon another person

Sexual Contact includes (a) intentional touching of the breasts, buttocks, groin or genitals, whether clothed or unclothed, or intentionally touching another with any of these body parts; and (b) making another touch you or themselves with or on any of these body parts.

Sexual Intercourse is:

- Any penetration
- However slight
- With any object or body part (as described below)
- Performed by a person upon another person

Sexual Intercourse includes (a) vaginal penetration by a penis, object, tongue, or finger; (b) anal penetration by a penis, object, tongue, or finger; and (c) any contact, no matter how slight, between the mouth of one person and the genitalia of another person.

Affirmative Consent is:

- Informed (knowing)
- Voluntary (freely given)
- Active (not passive), meaning that, through the demonstration of clear words or actions, a person has indicated permission to engage in mutually agreed- upon sexual activity
- Consent is an affirmative, unambiguous, and conscious decision by each participant to engage in mutually agreed-upon sexual activity. It must be given without coercion, force, threats or intimidation. Consent must be ongoing throughout a sexual encounter and can be revoked at any time. Once consent is withdrawn, the sexual activity must stop immediately.

Affirmative Consent cannot be obtained by Force. Force includes (a) the use of physical violence, (b) threats, (c) intimidation, and/or (d) coercion.

Intimidation is an implied threat that menaces or causes reasonable fear in another person. A person's size, alone, does not constitute intimidation; however, a person's size may be used in a way that constitutes intimidation (e.g., blocking access to an exit).

Coercion is the use of an unreasonable amount of pressure to gain sexual access. Coercion is more than an effort to persuade, entice, or attract another person to have sex. When a person makes clear a decision not to participate in a particular form of Sexual Contact or Sexual Intercourse, a decision to stop, or a decision not to go beyond a certain sexual interaction, continued pressure can be coercive.

Sexual Harassment is defined as unwelcome conduct of a sexual nature. It includes unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature. Sexual harassment is conduct that explicitly or implicitly affects a person's employment or education or interferes with a person's work or educational performance or creates an environment such that a reasonable person would find the conduct intimidating, hostile or offensive. Sexual harassment may be directed toward a person of the opposite or same sex and may include explicit sexual propositions, sexual innuendo, suggestive comments, sexually oriented "kidding" or "teasing", practical jokes, jokes about or displays of obscene printed or visual material, questions about sexual fantasies, preferences or history, and physical contact such as patting, pinching or intentionally brushing against another person's body.

Sexual Violence is defined as physical sexual acts engaged in without the consent of the other person or when the other person is unable to consent to the activity. Sexual violence includes sexual assault, rape, battery, and sexual coercion; domestic violence; dating violence; and stalking.

Domestic Violence is defined as abuse committed against an adult or a minor who is a spouse or former spouse, cohabitant or former cohabitant, or someone with whom the abuser has a child, has an existing dating or engagement relationship, or has had a former dating or engagement relationship.

Dating Violence is defined as abuse committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim.

Sexual Assault occurs when a physical sexual activity is engaged in without the consent of the other person or when the other person is unable to consent to the activity. The activity or conduct may include physical force, violence, threat, or intimidation, ignoring the objections of the other person, causing the other person's intoxication or incapacitation through the use of drugs or alcohol, and taking advantage of the other person's incapacitation (including voluntary intoxication).

Stalking is behavior in which a person repeatedly engages in conduct directed at a specific person that places that person in reasonable fear of his or her safety or the safety of others.

Bystander Intervention consists of safe and positive options that may be carried out by an individual or individuals to prevent harm or intervene when there is risk of an occurrence of Prohibited Conduct. It also includes recognizing situations of potential harm, understanding institutional structures and cultural conditions that facilitate violence, overcoming barriers to intervening, identifying safe and effective intervention options, and taking action to intervene.

Ohio Legal Definitions Relative to the Clery Act/Violence Against Women Act (VAWA)

Any criminal investigation conducted by a law enforcement agency with responsibility for investigating an alleged offense of sexual assault, dating violence, domestic violence, and stalking complaints will operate in accordance with criminal elements as defined by the Ohio Revised Code. /the Ohio Revised Code (ORC) does not explicitly define "consent" or "sexual assault" however Chapter 2907 of the ORC defines "sex offenses" in Ohio criminal law. Ohio law does not define "dating violence" but Chapter 2901 of the ORC outlines 36 "offenses of violence" in Ohio criminal law Chapter 2919.25 of the ORC outlines the elements of a domestic violence offense as:

- A. No person shall knowingly cause or attempt to cause physical harm to a family or household member.
- B. No person shall recklessly cause serious physical harm to a family or household member.
- C. No person, by threat of force, shall knowingly cause a family or household member to believe that the offender will cause imminent physical harm to the family or household member.

Ohio Revised Code 2903.211 outlines the elements of "menacing by stalking" as:

(A)

1. No person by engaging in a pattern of conduct shall knowingly cause another person to believe that the offender will cause physical harm to the other person or cause mental distress to the other person. In addition to any other basis for the other person's belief that the offender will cause physical harm to the other person or the other person's mental distress the other person's belief or mental distress may be based on words or conduct of the offender that are directed at or identify a corporation, association, or other organization that employs the other person or to which the other person belongs.
2. No person, through the use of any electronic method of remotely transferring information, including but not limited to any computer, computer network, computer program or computer system, shall post a message with purpose to urge or incite another to commit a violation of division (A)(1) of this section.
3. No person, with a sexual motivation, shall violate division (A)(1) or (2) of this section

PROHIBITED CONDUCT

This Policy strictly prohibits sexual or other unlawful harassment or discrimination as well as sexual violence, which includes domestic violence, dating violence, sexual assault and stalking. Gender-based harassment, including acts of verbal, nonverbal or physical aggression, intimidation, or hostility based on sex or sex-stereotyping are strictly prohibited, even if those acts do not involve conduct of a sexual nature. Sexual or other unlawful harassment or discrimination includes any verbal, physical or visual conduct based on sex, gender, race, age, national origin, disability or any other legally protected basis if:

- i. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's education or employment;*
- ii. submission to or rejection of such conduct by an individual is used as a basis for decisions concerning that individual's education or employment; or*
- iii. it creates a hostile or offensive work environment, which means the alleged conduct is sufficiently serious to limit or deny a student's ability to participate or benefit from the student's education program.*

Unlawful harassment or discrimination may include racial epithets, slurs and derogatory remarks, stereotypes, jokes, posters or cartoons based on race, national origin, age, disability, marital status or other legally protected categories.

COMPLAINT/GRIEVANCE PROCEDURE

If you believe that you have experienced or witnessed harassment or sexual violence, notify your instructor, supervisor, Human Resources, or the Title IX Coordinator as soon as possible after the incident. If you experience what may have been Prohibited Conduct, it is important to preserve evidence. Any person who has been a recipient of physical sexual violence is urged to go directly to the Emergency Room at any local hospital for medical attention. For a list of hospitals close to each campus, including those with sexual assault forensic nurse examiners (SAFE) or staff specially trained for sexual misconduct examination and evidence collection. Do not allow an inappropriate situation to continue by not reporting it, regardless of who is creating the situation.

No employee, contract worker, student, vendor or other person who does business with The Scioto County CTC is exempt from the prohibitions in this Policy. Supervisors will refer all harassment complaints to the Title IX Coordinator for student-related complaints and to the Human Resources Department if the complaint involves an employee. In order to facilitate the investigation, your complaint should include details of the incident or incidents, names of the individuals involved and names of any witnesses.

All complaints involving a student will be referred to the campus's Title IX Coordinator. The Title IX Coordinator is listed below and has the responsibility of overseeing all Title IX complaints and identifying and addressing any patterns or systemic problems that arise during the review of such complaints.

Title IX Coordinator:
Josh Shoemaker
951 Vern Riffe Drive
Lucasville, OH 45648
740-259-5522 ext 2234
josh.shoemaker@sciototech.org

The Scioto County CTC ensures that its employee(s) designated to serve as Title IX Coordinator(s) have adequate training on what constitutes sexual harassment, including sexual violence, and that they understand how The Scioto County CTC's grievance procedures operate. Because complaints can also be filed with an employee's supervisor or Human Resources, these employees also receive training on The Scioto County CTC's grievance procedures and any other procedures used for investigating reports of sexual harassment.

INVESTIGATION OF COMPLAINTS

In response to all complaints, The Scioto County CTC promises prompt and equitable resolution through a reliable and impartial investigation of complaints, including the opportunity for both parties to present witnesses or other evidence. The time necessary to conduct an investigation will vary based on complexity but will generally be completed within sixty (60) days of receipt of the complaint. The Scioto County CTC shall maintain confidentiality for all parties to the extent possible, but absolute confidentiality cannot be guaranteed. In cases where a student does not give consent for an investigation, The Scioto County CTC will weigh the student's request for confidentiality against the impact on School safety to determine whether an investigation must proceed. Complainants should be aware that in a formal investigation due process generally requires that the identity of the charging party and the substance of the complaint be revealed to the person charged with the alleged harassment.

The preponderance of the evidence standard will apply to investigations, meaning The Scioto County CTC will evaluate whether it is more likely than not that the alleged conduct occurred. Both parties will receive written notice of the outcome of the complaint.

During the investigation, The Scioto County CTC will provide interim measures, as necessary, to protect the safety and wellbeing of students and/or employees involved.

Initial Assessment

Upon receipt of a report of Prohibited Conduct committed by a Student, the Title IX Coordinator will make an initial assessment of the reported information and respond to any immediate health or safety concerns raised by the report. In this initial assessment, the Title IX Coordinator will:

- A. Assess the Complainant's safety and well-being and offer The Scioto County CTC's immediate support and assistance;
- B. Inform the Complainant of the right to seek medical treatment, and explain the importance of obtaining and preserving forensic and other evidence;
- C. Inform the Complainant of the right to contact law enforcement or on campus police, be assisted by Scioto County CTC to contact law enforcement or on campus police and decline to contact law enforcement, and/or seek a protective order or similar lawful order.
- D. Inform the Complainant about school and community resources, the right to seek appropriate and available remedial and protective measures, and how to request those resources and measures. Said resources include written information on available counseling, mental health, victim advocacy, legal assistance, visa and immigration assistance, and student financial aid.
- E. Explain The Scioto County CTC's prohibition against Retaliation and that The Scioto County CTC will take prompt action in response to any act of Retaliation;
- F. Assess the nature and circumstances of the report, including whether it provides the names and/or any other information that personally identifies the Complainant, the Respondent, any witness, and/or any other third party with knowledge of the reported incident;
- G. Ascertain the ages of the Complainant and the Respondent, if known, and, if either of the parties is a minor (under 18), contact the appropriate child protective service agency; and

- H. Communicate with appropriate school officials to determine whether the report triggers any Clery Act obligations, including entry of the report in the daily crime log and/or issuance of a timely warning and take steps to meet those obligations.
- I. Communicate with appropriate school officials if the crime is determined “unfounded” by law enforcement officials so the information may be reported in The Scioto County CTC’s Annual Security Report as “unfounded” and withheld from its crime statistics.

Regardless of whether the victim chooses to report the crime to local police or local law enforcement, victims will be provided written information about options for and available assistance in changing academic, living, transportation and working situations, if so requested by the victim and if such accommodations are reasonably available.

To initiate a criminal investigation, reports of sexual violence should be made to “911” or local law enforcement. The criminal process is separate from The Scioto County CTC’s disciplinary process. To the extent that an employee or contract worker is not satisfied with the school’s handling of a harassment or discrimination complaint, he or she may also contact the appropriate state or federal enforcement agency for legal relief.

RETALIATION PROHIBITED

The Scioto County CTC will not retaliate against you for filing a complaint, and will not tolerate retaliation by students or employees. If you believe you have been retaliated against, you should promptly notify your supervisor, Human Resources or the Title IX Coordinator.

REPORTING REQUIREMENTS

Victims of sexual misconduct should be aware that School administrators must issue timely warnings for incidents reported to them that pose a substantial threat of bodily harm or danger to other members of the campus community. The Scioto County CTC will make every effort to ensure that a victim’s name and other identifying information is not disclosed, while still providing enough information for community members to make safety decisions in light of the danger. The Scioto County CTC reserves the right to notify parents/guardians of dependent students regarding any health or safety risk, or a change in student status.

Rights and Options Complainants and Respondents can expect:

Scioto County CTC procedures and proceedings for institutional disciplinary action in cases of alleged domestic violence, dating violence, sexual assault, or stalking provide a prompt, fair, and impartial investigation and resolution. Proceedings are conducted by officials who receive annual training on issues related to domestic violence, dating violence, sexual assault, and stalking and how to conduct an investigation and hearing process that protects the safety of victims and promotes accountability.

The Complainant and Respondents are entitled to the same opportunities to have others present during an institutional disciplinary proceeding, including the opportunity to be accompanied to any related meeting or proceeding by an advisor of their choice. Both the Complainant and Respondent will be simultaneously informed, in writing of the outcome of any disciplinary proceeding that arises from an allegation of domestic violence, dating violence, sexual assault, or stalking. The Complainant and Respondent will also be informed in writing of any change to the results that occurs prior to the time that such results become final, the final results, and procedures for appeal.

- A. The responsibility to provide truthful information in connection with any report, investigation, or resolution of Prohibited Conduct under the Policy;

- B. The opportunity to articulate concerns or issues about proceedings under the Policy;
- C. Timely notice of any meeting or proceeding at which the party's presence is contemplated by the Policy;
- D. Written notice of an investigation, including notice of potential Policy violations and the nature of the alleged Prohibited Conduct;
- E. The opportunity to challenge the Investigator or any member of the Review Panel for bias or conflict of interest;
- F. The opportunity to offer information, present evidence, and identify witnesses during an investigation;
- G. The opportunity to be heard, orally and/or in writing, as to the determination of a Policy violation and the imposition of any sanction(s);
- H. Timely and equal access to any information that will be used during proceedings and related meetings;
- I. Reasonable time to prepare any response;
- J. Written notice of any extension of timeframes for good cause; and
- K. Written notice of the outcome of any Formal Resolution proceedings, including the determination of a Policy violation, imposition of any sanction(s), and the rationale for each.

Sanctions and Discipline

Following a final determination, students found responsible for sexual misconduct violations including rape, acquaintance rape, dating violence, domestic violence, sexual assault, and stalking, are subject to the full range of sanctions under the Student Code of Conduct. Sanctions include reprimand, probation, suspensions, and expulsion.

Any employee determined by The Scioto County CTC to be responsible for unlawful harassment or discrimination will be subject to appropriate disciplinary action, up to and including termination. Remedies for student-related claims may include, but are not limited to, an order to stay away, suspension or expulsion.

ADDITIONAL INFORMATION

Students may contact the Title IX Coordinator with any questions related to the Sexual and Gender-Based Harassment and Other Forms of Interpersonal Violence Policy. In Addition, the U.S. Department of Education Office for Civil Rights ("OCR") investigates complaints of unlawful harassment of students in educational programs or activities. This agency may serve as a neutral fact finder and will attempt to facilitate the voluntary resolution of disputes with the parties. For more information, visit the OCT website at: <http://www.hhs.gov/ocr/>.



Scioto County Career Technical Center
Post-Secondary Education

EMS & Firefighting Disability/Reasonable Accommodations
Student Waiver

PLEASE READ CAREFULLY

Request an ADA Accommodation for Written and/or Practical Examination

American's with Disabilities Act of 1990 (ADA) allows for reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act for individuals with documented disability who demonstrate a need for accommodation.

The purpose of test accommodations is to provide students with full access to the test. However, test accommodations are not a guarantee of improved performance or test completion. The Division of EMS provides reasonable and appropriate test accommodations to individuals with documented disabilities who demonstrate a need for test accommodations.

Test accommodations are individualized and considered on a case-by-case basis. Consequently, no single type of test accommodation (e.g. extra time) would necessarily be appropriate for all individuals with disabilities. Simply demonstrating that an individual meets diagnostic criteria for a particular disorder does not mean that the person is automatically entitled to test accommodations.

Specific test accommodations should be related to the functional limitations. It is essential that the documentation of the disability provide a clear explanation of the current functional limitation(s) and a rationale for each requested test accommodation. A student should work with program directors and instructors who know them to determine which test accommodations are appropriate.

All students who are requesting test accommodations because of a disability must provide appropriate documentation of their condition and how it is expected to affect their ability to take the test under standard conditions. This shall include but not be limited to the following:

- Individual Education Plan (IEP) dated in the last five (5) years;
- Documentation from a medical or other qualified professional who diagnosed the condition;
- A detailed letter from a certified vocational evaluator who has evaluated the student.

The documentation submitted must contain the following:

- The nature and extent of disability;
- Proposed accommodation;
- Rationale behind the proposed accommodations; and
- Type of accommodations made to the student during training.

The Program Director of the chartered training program is responsible to submit a signed letter with the documentation with the following details.

1. Describe the type of accommodations granted to the student while in the fire training program.
2. Attach the documentation that includes a detailed justification for the proposed accommodation.
3. Identify the individual that will be administering the examination. Include their position and experience with administering examinations to those with disabilities granted by the Division of EMS. Such representative shall be approved by the Division of EMS prior to administering the examination. The chartered training program is responsible for ensuring the security of the examination and the integrity of the testing process.
4. Attach a signed statement by the student explaining the type of accommodations they are requesting. The statement must include the following:
 - a. The student legal name;
 - b. Current address;
 - c. Student preference for method of testing (computer or paper).
5. In the event of a paper-and-pencil written examination is requested as an accommodation, the chartered fire training program test security policies shall be included with the submitted documentation.

To ensure adequate time to evaluate ADA requests, the accommodation(s) request and all required documentation should be forwarded to the Division of EMS at least thirty (30) days prior to the examination date request.

The student is responsible for arranging and bearing the cost for appropriate evaluation.

The determination and provision of reasonable accommodations involves a process of discussion and negotiation between the student and the Division of EMS. With the goal of maximizing the independence of the adult learner, the Division of EMS will make a good-faith effort to provide effective accommodations to students with disabilities. The final determination as to whether to allow an accommodation and the type of accommodation that will be allowed rests with the Division of EMS.

Accommodations are determined on a case-by-case basis depending on the identified needs of the student and analysis of supporting documentation and available resources. Ohio Department of Public Safety employees may be consulted as to whether an accommodation is reasonable given program requirements and structure. The Division of EMS is not compelled to make accommodations which would fundamentally alter the nature of the training or compromise the certification process.

ACCOMMODATION REQUEST FOR WRITTEN EXAMINATION

Please type or print the information request on the front of this page except for your signature. Some accommodation requests may require additional documentation. If additional documentation is needed, please have the appropriate professional complete the reverse side of this form.

Student Information:

Print Student Name: _____

Address: _____

City: _____ State: _____ Phone Number: _____

Email Address: _____

Examination Information:

Accommodation is requested for the following examination: _____
(Level)

to be administered on _____ at _____
(Date) (Time) (Test Location)

Course ID#: _____ Examination ID#: _____

PLEASE MARK ALL THAT APPLY (Please Justify):

- _____ Separate Testing Area
- _____ Extended Time
- _____ Reader as accommodation for learning disability
- _____ Other: (please specify): _____

Student Signature: _____ **Date:** _____

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following:

PLEASE MARK ALL THAT APPLY (Please Justify):

- _____ Separate Testing Area
- _____ Extended Time
- _____ Reader as accommodation for learning disability
- _____ Other: (please specify): _____

Program Director's Name (Print): _____ **Charter #:** _____

Program Director Signature: _____ **Date:** _____

NOTE: PLEASE ATTACH ANY OTHER DOCUMENTATION REGARDING THE INDIVIDUAL'S DISABILITY THAT SHOULD BE CONSIDERED IN PROVIDING ACCOMMODATION IN AN EXAMINATION SETTING.



Scioto County Career Technical Center
Post-Secondary Education

For Office Use Only

Application for Admission
Fire Training Program

**All questions must be answered. If not applicable, answer N/A.

First Name Last Name MI Maiden Name

Date of Birth: _____ Social Security Number: _____

Age: _____ Disclosure of SSN is mandatory pursuant to R.C. 3123.50 in furtherance of licensing provisions and any other state or federal requirements.

Home Phone Cell Phone

E-Mail Address County of Residence

Street Address City State Zip

Please indicate the course that you are applying for:

- Volunteer FF1 Transitions Firefighter I Firefighter II
- Firefighter I & II Fire Safety Inspector

High School Attended: _____ Year of Graduation: _____

High School Location: _____

City State

If you didn't graduate from High School, year that you earned your GED: _____

Start Date of Course: _____ End Date of Course: _____

Fire Training Program Lead Instructor: _____

Certification Number of Lead Instructor: _____

Fire Training Program: **Scioto County Career Technical Center**
 Fire Training Program Address: **951 Vern Riffe Drive, Lucasville, OH 45648**
 Fire Training Program Phone #: **Phone: 740.259.5526 – Fax: 740.259.8312**

You must answer the following question: Are you under 18 years of age? YES NO

If yes, are you 17 years of age and currently enrolled in your twelfth or final year of high school?
 YES NO



ACKNOWLEDGEMENT OF RECEIPT

- 1. I HEARBY STATE THAT I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE FIRE TRAINING CHARTER #126 CLASS GUIDELINES**
- 2. I agree that I was given the Health & Safety Plan and the Sexual and Gender-Based Harassment and Other Forms of Interpersonal Violence Policy; and know that the Operation, Maintenance & Improvement Plan and the annual Safety & Security Report are available in the post-secondary office for review.**
- 3. I, the undersigned, understand that my enrollment is voluntary and that I shall not hold the Board of Education or school officials responsible for injury resulting from my actions or conduct.**

Student Name (Printed) _____ Date _____

Student Signature _____

Parent/Legal Guardian Name _____ Date _____

Parent/Legal Guardian Signature _____



Scioto County Career Technical Center
Post-Secondary Education

Firefighter Release

The Scioto County Career Technical Center, Post-Secondary Education 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 facility assumes no liability for and shall be indemnified and held harmless for 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 or other invitee or any injury to such person which may result from any cause, including but not limited to, the condition and operation of training facility facilities, training grounds, and equipment, or the condition and operation of any other selected facilities, training grounds and equipment, and the acts or omissions of members of its staff.

The members of the training facility staff and the instructors who are independent contractors with the state, 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 cause whatsoever.

Student or invitee hereby authorizes the training facility to seek emergency medical assistance 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 facility for any and all such emergency medical expenses.

Student or Invitee (Signature)

Date

.....
TO BE COMPLETED BY STUDENT OR INVITEE (PLEASE PRINT)

Representing: _____

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____



Scioto County Career Technical Center
Post-Secondary Education

DECLARATION OF CRIMINAL HISTORY INFORMATION

If you have been convicted, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment and/or intervention in lieu of conviction for any felony, a misdemeanor committed in the course of practice, misdemeanor involving moral turpitude, a violation of any federal, state county, or municipal narcotics or controlled substance law you will have to complete a declaration of criminal history form to accompany your initial state application. Please note that the State of Ohio EMS board may reject you initial certification application.

By signing below I indicate that I understand that there are certain criminal convictions that may preclude the obtaining of a State of Ohio EMS certification.

If you have any questions regarding this please contact the Program Director at 740-259-5526.

Applicant Name _____

Applicant Signature _____

Date _____

I attest that the above information is true and correct to the best of my knowledge. I hereby give permission to the Fire Training Program to verify any of the above information.

Applicant Signature

Date

IF YOU ARE UNDER 18 YEARS OF AGE, YOU MUST HAVE YOUR PARENT OR LEGAL GUARDIAN SIGN THIS FORM BEFORE IT CAN BE ACCEPTED.

Parents Signature (if applicable)

Date

I attest that I have reviewed the above information and verified any prerequisite training required of this individual. I also attest that the above individual, having met the admission requirements in Ohio Administrative Code 4765-11-03, is admitted to the fire training program as indicated above as of _____.

Program Coordinator Signature

Date

Program Coordinator – Print Name



Scioto County Career Technical Center
Post-Secondary Education

Student Enrollment Data

Student Name: _____ Program: _____ Date: _____

Please complete the following information. This confidential survey information is used for State reporting purposes only:

Gender:

- Male
- Female

Ethnicity:

- African American (Black)
- Caucasian (White)
- Multi-Race
- Asian
- Hispanic
- Latino
- Native American
- Pacific Islander

Please check any that may apply:

- Disabled** - A person who has a physical or mental impairment that substantially limits one or more major life activities. *If checked above, please contact the Post-Secondary office to schedule an appointment with the Program Coordinator to discuss any possible accommodations for program assistance.*
 - Deaf or Hearing Impaired
 - Developmentally Handicapped
 - IEP
 - Learning Disability
 - Limited English Proficiency
 - Orthopedically (or Other)
 - Seriously Emotionally Disabled
 - Speech or Visually Impaired

- Economically Disadvantaged** - Individuals from economically disadvantaged families, including foster children, Pell grant or other financial assistance recipients, or migrants.

Check the following that qualifies you as economically disadvantaged:

- Qualifies for Pell grant
- Qualifies for agency funding assistance
- Family income is at or below national poverty level
- Participant, participant’s parent(s), or participant’s guardian is (are) a recipient of public assistance

- Single Parent** - a parent who (1) is unmarried (i.e., divorced, widowed, or never married) or separated from a spouse and (2) has a minor child or children for which the parent has either custody or joint custody

- Displace Homemaker** - A homemaker for at least 5 years, unemployed or under-employed who: (1) has been dependent on the income of a relative but is no longer supported by such income, or (2) because of divorce, separation or the death or disability of a spouse must prepare for paid employment, or (3) has been receiving public assistance.

.....
The above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

The Scioto County Career Technical Center is an equal opportunity educational institution. Our programs are open to all adults regardless of race, creed, religion, national origin, gender or disability. Buildings and facilities are handicap accessible.

Scioto County Career Technical Center Fire Program

NFPA 1582
Medical Evaluation Form

Name _____		Date of Birth _____			
Address _____		Sex	M F		
Emergency Contact: Name _____		Phone _____	Relationship _____		
The student has met the requirements of this medical evaluation: YES NO					
<p>The Ohio Department of Public Safety requires Firefighter students to meet the medical requirements of National Fire Protection Association (NFPA) 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments, Chapter 6.</p> <p>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.</p> <p>6.2.2: Candidates with Category A medical conditions shall not be certified as meeting the medical requirements of this standard.</p> <p>If a candidate answers Yes to any of the following medical conditions, they will not be permitted to attend firefighter training.</p>					
6.3 Head and Neck	Yes	No	6.8 Lungs and Chest Wall	Yes	No
Do you have any defect of the skull preventing helmet use or leaving underlying brain unprotected from trauma?			Do you have any of the following conditions?		
Do you have any skull or facial deformity that would not allow for successful fit of a respirator?			Asthma – reactive airway disease requiring bronchodilator or corticosteroid therapy for two or more consecutive months in the previous two years, unless the candidate can meet the requirement in 6.8.1.1 (available upon request)		
6.4 Eyes and Vision	Yes	No	6.9 Aerobic Capacity	Yes	No
Is your visual acuity less than 20/40 binocular corrected, or less than 20/100 binocular uncorrected?			Do you have an aerobic capacity less than 12 metabolic equivalents (METs) (1 MET = 42 mL O ₂ /kg/min)?		
Do you have monochromatic vision?			6.10.1 Heart	Yes	No
Do you have monocular vision?			Do you have any of the following conditions?		
6.5 Ears and Hearing	Yes	No	Coronary heart disease		
Do you have chronic vertigo or impaired balance?			Cardiomyopathy or congestive heart failure		
Do you have hearing loss in the unaided better ear greater than 40 decibels (dB) at 500 Hz, 2000 Hz, and 3000 Hz when the audiometric device is calibrated to ANSI Z24.5?			Acute pericarditis, endocarditis, or myocarditis		
Do you require a hearing aid or cochlear implant?			Recurrent syncope		
6.6 Dental	Yes	No	Third-degree atrioventricular block		
Do you have any dental conditions that would inhibit the use of a respirator?			Cardiac pacemaker		
Do you have any dental conditions that would inhibit your ability to communicate effectively?			Hypertrophic cardiomyopathy		
6.7 Nose, Oropharynx, Trachea, Esophagus, and Larynx	Yes	No	Heart transplant		
Do you have a tracheostomy?			A medical condition requiring an automatic implantable cardiac defibrillator		
Do you have aphonia?			6.10.2 Vascular System	Yes	No
Do you have any nasal, oropharyngeal, tracheal, esophageal, or laryngeal conditions that would inhibit the use of a respirator?			Do you have any of the following conditions?		
			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		
6.8 Lungs and Chest Wall	Yes	No	6.11 Abdominal Organs and Gastrointestinal System		
Do you have any of the following conditions?			Presence of uncorrected inguinal/femoral hernia?		
Active hemoptysis			6.12 Metabolic Syndrome		
Current empyema			Do you have metabolic syndrome with aerobic capacity less than 12 METs?		
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%					

Scioto County Career Technical Center Fire Program

NFPA 1582
Medical Evaluation Form

6.13 Reproductive System	Yes	No	6.17 Neurological Disorders	Yes	No
Are you pregnant? (Heavy physical exertion has been associated with spontaneous abortions. Lifting heavy object 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.			Do you have any of the following?		
			Myasthenia gravis with activity or evidence of progression within the previous three years		
			Progressive muscular dystrophy or atrophy		
			Uncorrected cerebral aneurysm		
6.14 Urinary System	Yes	No	Dementia (Alzheimer's and other neurodegenerative diseases) with symptomatic loss of function or cognitive impairment		
			Do you have renal failure or insufficiency requiring continuous ambulatory peritoneal dialysis (CAPD) or hemodialysis?		
6.15 Spine and Axial Skeleton	Yes	No	Parkinson's disease and other movement disorders resulting in uncontrolled movements, bradykinesia, or cognitive impairment		
Do you have any of the following?			6.18 Skin	Yes	No
Scoliosis of thoracic or lumbar spine with angle greater than or equal to 40 degrees.				Do you have any of the following?	
History of spinal surgery with rods still in place.			Metastatic or locally extensive basal or squamous cell carcinoma or melanoma		
Any spinal or skeletal condition producing sensory or motor deficit or pain due to radiculopathy or nerve root compression			Any dermatological condition that would not allow for a successful fit test for a respirator		
Any spinal or skeletal condition causing pain that frequently or recurrently requires narcotic analgesic medication			6.19 Blood and Blood-Forming Organs	Yes	No
			Do you have any of the following?		
Cervical vertebral fractures with multiple vertebral body compression greater than 25%			Hemorrhagic stress requiring replacement therapy		
			Sickle cell disease (homozygous)		
Thoracic vertebral fractures with vertebral compression greater than 50%			Clotting disorders		
			6.20 Endocrine and Metabolic Disorders	Yes	No
Lumbosacral vertebral fractures with vertebral body compression greater than 50%			Do you have any of the following?		
			Type 1 diabetes mellitus (exceptions available upon request)		
6.16 Extremities	Yes	No	Insulin requiring Type 2 diabetes mellitus (exceptions available upon request)		
Do you have any of the following?			6.22 Tumors and Malignant Diseases	Yes	No
Joint replacement (see addendum for exceptions)				Do you have any of the following?	
Amputation or congenital absence of upper extremity			Malignant disease that is newly diagnosed, untreated, or currently being treated, or under active surveillance due to the increased risk of reoccurrence		
Amputation of either thumb proximal to the mid-proximal phalanx					
Amputation or congenital absence of the 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 should disorders within the last five years with pain or loss of motion, and with or without radiographic deviations from normal.					
6.17 Neurological Disorders	Yes	No			
Do you have any of the following?					
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 of progression within the previous three years					

Scioto County Career Technical Center Fire Program

NFPA 1582
Medical Evaluation Form

6.24 Chemicals, Drugs, and Medications	Yes	No	
Do you require chronic or frequent treatment with any of the following medications?			Student Name
Narcotics, including methadone			Medical Office Name
Sedative-hypnotics			Medical Office Phone Number
Full-dose or low-dose anticoagulation medications or any drugs that prolong prothrombin time (PT), partial thromboplastin time (PTT), or international normalized ration (INR)			Medical 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 well-being of students or staff, has met the requirements of this form, and is physically/mentally able to participate in the firefighter program.
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)			Primary Care Provider Printed Name/Credentials
			Primary Care Provider Signature
Evidence of clinical intoxication or a measured blood level that exceeds the legal definition of intoxication			



University System of Ohio
Board of Regents

Release of Information Form

I, (print name) _____, authorize the Ohio Board of Regents to release my educational records, which includes my name, social security number, student ID number, address, job placement records and job retention records to the agency listed below. The agency use of these records is limited to and in connection with the audit and evaluation of Federally-supported education programs, or in connection with the enforcement of the Federal legal requirements, which relate to such programs.

Student/Examinee information released to:

Ohio Department of Job and Family Services
145 South Front Street
Columbus, Ohio 43215

Ohio Board of Regents
25 South Front Street
Columbus, Ohio 43215

My signature is my acknowledgement that I have read and voluntarily consented to the release of the above-mentioned education records as collected and utilized by the Ohio Technical Center (OTC) program I have previously enrolled or tested with.

Social Security Number or Security Number * - -

* Use of Social Security Number is optional. If you choose to give us your Social Security Number, we will use it to maintain your file and assure prompt and accurate reporting.

(Revised 09-23-2013)



Scioto County Career Technical Center
Post-Secondary Workforce Education

I authorize the Scioto County Career Technical Center, Post-Secondary Education, to obtain and exchange any information about myself as required from past and future employers, training facilities, and other organizations for the purpose of determining eligibility, suitability, and providing services. This also includes obtaining any income verification from employers, public assistance agencies, and/or any other social service agency.

Privacy Policy: Directory information (i.e. name, photograph, major field of study, participation in officially-recognized activities, date of attendance and graduation, certificates awarded, and awards received) may be released without further consent. If you do not want SCCTC to release your directory information, please send a letter to: Director of Post-Secondary Education, 951 Vern Riffe Drive, Lucasville, OH 45648.

I have read and agree to all of the above:

Signature of Student/Examinee

Date