

# Burlington County Emergency Services Training Center

## FIREFIGHTER I COURSE REGISTRATION FORM

Course Title: \_\_\_\_\_

Course I.D. #: \_\_\_\_\_ Course Dates: \_\_\_\_\_

Authorized by (Chief/Training Officer): \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Total # of Students: \_\_\_\_\_ Total Tuition Cost: \_\_\_\_\_ Total # of Text: \_\_\_\_\_ Total Text Cost: \_\_\_\_\_

Check Payment Type:      Company Check      P.O./Voucher      Personal Check      Credit Card

♦♦♦All course prerequisites must be documented with enrollment form if taken other than at Burlington County ESTC

♦♦♦Applications that do not include proof of the indicated prerequisites will be returned as Incomplete.

\*\*\*\*\*

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Student Address: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ DFS FF1 #: \_\_\_\_\_ NJOEMS #: \_\_\_\_\_

\*\*\*\*\*

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Student Address: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ DFS FF1 #: \_\_\_\_\_ NJOEMS #: \_\_\_\_\_

\*\*\*\*\*

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Student Address: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ DFS FF1 #: \_\_\_\_\_ NJOEMS #: \_\_\_\_\_

\*\*\*\*\*

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Student Address: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ DFS FF1 #: \_\_\_\_\_ NJOEMS #: \_\_\_\_\_

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### ESTC Use Only

This Registration Is Being Returned Due To The Following Reason(s):

- Pre-requisite(s) Proof Not Included w/ Reg:     Student # 1     Student # 2     Student # 3     Student # 4
  - Missing "Authorized By" Sign-off at top of Reg
  - Missing Payment Details (ie, payment method not selected, Tuition / Text data not present at top of Reg)
  - Incomplete Student Information:     Student # 1     Student # 2     Student # 3     Student # 4
- Tuition \_\_\_\_\_ Text \_\_\_\_\_ Total \_\_\_\_\_

Checks payable to: Burlington County BCIT  
Fax Applications to: 609-702-7100  
Mail Applications to: Burlington County Emergency Services Training Center  
P.O. Box 6000, Westampton, N.J. 08060

**BURLINGTON COUNTY**  
**EMERGENCY**  
**SERVICES**



**TRAINING CENTER**

**Firefighter 1 Basic**  
**Physical Readiness/Agility Testing**

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**Physical Agility Testing**

<b>Burlington County Emergency Services Training Center</b>	<b>FORM  001</b>	<b>EFFECTIVE  7/1/2019</b>
<b>FIREFIGHTER 1 RECRUIT PHYSICAL AGILITY TESTING PROCESS</b>		
REFERENCE: RESCINDS: REVISED:		

**PHYSICAL AGILITY TEST**

The Physical Agility Test (PAT) is designed to evaluate the skill level of each Recruit by requiring him/her to perform various basic tasks that a firefighter must be capable of performing in accordance with the current edition NFPA 1582 “*Standard of Essential Job Tasks and Descriptions*”. The tests are based on a pass / fail grading system. The Recruit must satisfactorily pass all sections of the test in order to be admitted to the Firefighter 1 Basic Recruit Training Course. A sample video demonstration may be viewed at: <https://www.youtube.com/watch?v=eBCiop1Q9AA>

- 1) Prior to performing the PAT, the Recruit must present a Medical Clearance Form, and a completed Essential Job Tasks Form 004, signed by a New Jersey licensed medical professional attesting to the Recruits ability to perform the testing, and is capable of performing the Essential Job Tasks as detailed in the current NFPA Standard 1582. There are three acceptable forms that will be accepted to meet the Medical Clearance requirement:
  - a. A New Jersey State Firemen’s Association Physical Form dated within 365 days of the PAT date;
  - b. ESTC Form 004 dated within 365 days of the PAT date
  - c. A Virtua At Work, or other similar Health Care provider, Physical Form acknowledging the Recruit can perform the duties of a Firefighter as per NFPA 1582, dated within 365 days of the PAT dat.
- 2) The Recruit shall be given the opportunity to retake the test if he/she does not initially pass. However, the Recruit shall be limited to two (2) chances to retake the test. Test retakes can be conducted immediately following the test failure or within 30 days prior to start of class.
- 3) During the test, the Proctor/Instructor shall carefully observe the Recruit for any signs of fatigue that may develop. The personal safety of the Recruit is of highest priority during the conduction of the test. Should any unsafe conditions be observed, the testing shall be stopped immediately. An Emergency Medical Technician (EMT) must be in attendance. The EMT will be provided with equipment needed as follows: one (1) EMS Jump bag with Oxygen unit, and one (1) AED.
- 4) Each part of the test is comprised of evolutions that are to be performed as prescribed in the guideline and shall be completed within a predetermined time limit. During the test, the Recruit shall be required to wear apparel that is appropriate for testing, such as sweat pants or gym shorts, work gloves and a forty-pound vest. (Work gloves are optional and vest will be provided). Non-skid footwear is highly recommended.

## PHYSICAL AGILITY TEST EVOLUTIONS

- 1) The obstacle course event consists of a sequence of activities which require the Recruit to perform a number of job related tasks. The activities involve walking, lifting, dragging and carrying of various objects a specific distance. A Proctor/Instructor will accompany the Recruit throughout this exercise, providing directions and guidance as necessary.
- 2) During the obstacle course event, the Recruit will wear a forty-pound weighed vest which approximates the weight of the clothing, equipment and breathing apparatus that a firefighter normally wears during these types of activities.
- 3) The Recruit will be walked through the testing facility receiving verbal instructions for the exam. Then the Recruit will be provided a forty-pound weighted vest. At this time, the Recruit will proceed with the timed evolution.

### NOTE:

- **White arrows painted on the ground** throughout the course indicate the sequence of events and the direction of travel during each event, and between events.
- **Gloves are available** to Recruits prior to starting the course and at the Simulated Ladder Fly Hoist activity. If choosing to wear gloves, it is recommended that the Recruit start the course wearing the gloves rather than waiting until the ladder fly activity since putting them on during the course will add to their overall time.
- **At no time is the Recruit to run on this course.** The Recruit may walk as fast as he or she likes, but running is forbidden. Running will result in the Recruit having to return to the beginning of the Obstacle Course and, after a maximum 10 minute rest interval, re-start the entire course. "Running" occurs when the thrust of the driving leg is of sufficient force to propel the leading foot and the driving foot off the ground simultaneously.
- Recruits will have an opportunity to adjust the strap on the high-rise pack prior to beginning the obstacle course.

## The Obstacle Course begins by placing the end of a ....

1. **2 ½ inch Supply Line Hose**, weighed to 55lbs., over one shoulder and across the chest. At the command, “Ready – Go”, the hose is dragged a distance of 75 feet. When the Recruit crosses the “Finish Line”, the hose is immediately dropped and the Recruit, following the white directional arrows on the ground, continues 50 feet to a ...
2. **K-12 Saw**, weighing 30lbs., lifts it from its spot, and carries it toward a cone placed 37.4 feet away and, moving around the cone from right to left, returns the K-12 to the spot from which it was originally taken. The Recruit then moves 25 feet directly to the...
3. **Simulated High-Rise Pack** with the previously adjusted strap. The Recruit picks the 50 lb. pack up, and using the shoulder strap or the handgrip to support the weight, proceeds 30 feet to the...

**Stairs** and begins ascending and descending them. The pack itself is NOT to be carried on the head or shoulder or across the chest. The strap, however, may rest on either shoulder either on the same side as the pack, or on the shoulder opposite the weight. Each ascent and descent equals one cycle. A cycle consists of ascending a set of 15 stairs, walking across a short landing and ascending a set of 7 stairs, walking across a short landing , turning around at a designated line and descending the same stairs. Three (3) of these cycles will be completed. During the stair climb, the Recruit must step on each consecutive step, and both feet must touch the ground at the end of each cycle when turning to re-ascend the stairs. The handrails may be used throughout the exercise. The examiner will count each cycle as it is completed. Upon completing the 3 cycles, the Recruit places the High-Rise pack on the floor at the bottom of the stairs. The Recruit proceeds 55 feet to the...

4. **Hydrant, having two each 2 ½ inch outlets, offset 180 degrees.** A hydrant cap is loosely screwed onto one of the outlets. The Recruit unscrews the cap from that outlet and screws it on the other outlet, hand tight. The Recruit moves 20 feet to the ...
5. **Simulated Ladder Fly Hoist.** This exercise simulates raising the fly of a 24-foot ladder. Using a 3/8 inch line, the Recruit pulls downward on the line (with or without the gloves provided, the use of which is optional). The Recruit may pull either hand over hand or palm over palm to raise the 42 lb. weight (simulating the pull weight of a ladder fly), The examiner will notify the Recruit when the knot in the rope touches the pulley. As soon as this is accomplished, the Recruit lowers the weight back to the ground in a controlled manner, and proceeds 25 feet to the....
6. **Hose Drag**, and picks up the nozzle end of a 1 ¾ inch attack line which has been weighted to 50lbs., drapes it over the shoulder and across the chest, and drags it 62.5 feet along the ground to, and around the blue 55 gallon barrel, then back to the starting point of the exercise. The hose is to be dragged from right to left around the barrel. The hose is NOT to be picked up at the barrel. When the Recruit crosses the “White Line” painted on the ground, the Recruit immediately drops the nozzle end of the hose and proceeds 15 feet to the...
7. **40 lb. Fire Extinguisher** and picks it up by the handle and carries it with one hand. The Recruit moves 50 feet toward a cone, goes around it from right to left, then back along the same path, and places the fire extinguisher where it was originally found, making sure that it remains upright. The Recruit then proceeds to the...

### **Physical Agility & Orientation Testing (continued)**

8. **Mannequin** (Rugged Red – Wt. 165 lbs.), and holding it by the two straps attached at the top of the shoulder, drags it 36 feet (Recruit walks backward) along the ground until the mannequin's feet cross the white painted finish line. The examiner will notify the Recruit when the mannequin's feet have crossed the finish line. The Recruit then drops the mannequin and proceeds to the...
9. **Simulated Debris Box.** Grasping it by the two side handles, the Recruit carries the 50 lb. debris box 37.5 feet to the debris box table. Once recruit reaches the table, the box will be placed in the painted square on the table. The Recruit continues 10 feet to the...
10. **Final "Finish Line"** Thus concluding the Obstacle Course
11. The Recruit then returns the weighed vest to the starting point, taking care not to interfere with any other Recruit currently on the obstacle course.

**NOTE: In order to pass the obstacle course, Recruits must complete all the events on the course in 5 minutes and 15 seconds (315 seconds) or less**

Anyone who fails may retest after a 10 minute break and/or reschedule within thirty (30) days of class start date.

**Agility test will not be held if the following conditions exist.**

- Snow, Ice or Rain conditions.
- Heat Stress Index above 90°F
- Temperature is below 32°F (unless conducted indoors).
- No EMT on location with equipment on site (EMS Jump kit, AED & Water)
- Recruit does not have a signed medical release form (dated within 365 day period)
- Recruit is not 18 years of age.
- For any reason deemed necessary by the Emergency Services Training Center

## **THE DARKENED MAZE CRAWL** **(Pass/Fail)**

The purpose of the darkened maze crawl is to determine the candidate's ability to move effectively in a confined space with no visual references (Figure 15, page 11). The candidate is shown the layout of the maze before entering. The darkened maze is 40 feet long with several turns. There are curtains along the interior of the course, and minor obstacles on the floor. The candidate enters one end of the maze to the 'Start' position (at the first curtain), stops, and waits for the Examiner to give the command, "Ready – Go". The candidate then proceeds to the far side exit.



**NOTE: This is a Pass/Fail event. The pass point is 40 seconds.**

## **THE LADDER CLIMB** **(Pass/Fail)**

The purpose of the ladder climb is to determine the candidate's ability to ascend to a specified height, perform work, and return to the ground unassisted and within a reasonable length of time. The candidate wears a safety harness attached to a fall protection device. The test starts directly in front of the ladder with the candidate facing it, with both feet on the ground, arms extended at shoulder height and holding the sides of the ladder. On the command, "Ready – Go", the candidate ascends the ladder, holding either the rails or the rungs and stepping on each rung along the way, until both feet are standing on the rung at the 18 vertical-foot level. This rung is marked with red tape. The candidate then reaches up to touch a designated spot and returns to the ground, again stepping on each rung along the way. The first foot that touches the ground completes this exercise.



**NOTE: This is a Pass/Fail event. The pass point is 40 seconds.**



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<b>Burlington County ESTC</b>	<b>ESTC FORM</b>	<b>CREATED</b>
	<b># 2019-005</b>	<b>7/10/2019</b>
<b>Fourteen (14) essential job tasks associated with firefighting under NFPA 1582 Chapter 5 section 5.1 2018 Ed</b>		
<b>REFERENCE:</b>	<b>NFPA 1582 Standard on Comprehensive Occupational Medical Program for F.Ds. 2018 Ed</b>	
<b>REVIEWED BY:</b>		
<b>REVISED:</b>	<b>12/15/2020</b>	

- (1) Wearing personal protective ensemble and SCBA, performing fire-fighting tasks (hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry, etc.), rescue operations, and other emergency response actions under stressful conditions, including working in extremely hot or cold environments for prolonged time periods.
- (2) Wearing an SCBA, which includes a demand valve–type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
- (3) Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.
- (4) Depending on the local jurisdiction, climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb. (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb. (9 to 18 kg).
- (5) Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).
- (6) Wearing personal protective ensemble and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 200 lb. (90 kg) to safety despite hazardous conditions and low visibility.
- (7) Wearing personal protective ensemble and SCBA, advancing water-filled hose lines up to 2 1/2 in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft. (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
- (8) Wearing personal protective ensemble and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
- (9) Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
- (10) Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.

(11) Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.

(12) Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers).

(13) Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.

(14) Working in shifts, including during nighttime, that can extend beyond 12 hours.

Employee/Applicant Name: \_\_\_\_\_

Employee/Applicant Signature: \_\_\_\_\_

Chief/Training Officer Name: \_\_\_\_\_

Chief/Training Officer Signature: \_\_\_\_\_

Parent/ Guardian Name (if under age 18) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Additional Comments:

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**EMERGENCY SERVICES TRAINING CENTER  
FIREFIGHTER RECRUIT**

**FORM 006**

<b>PHYSICAL AGILITY TEST FORM</b>			
NAME:			
ADDRESS:			
PHONE: (Home)		PHONE: (Cell)	
AGENCY:			

<b>INSTRUCTOR CHECK LIST</b>		
Did you receive a signed medical clearance and disclaimer of liability prior to starting the physical agility test?	YES	NO
Was an EMT present with equipment and water?	YES	NO
Do the current weather conditions present a hazard?	YES	NO
Is the Recruit eighteen years of age?	YES	NO
Did the Recruit participate in the Agility Course evaluation?	YES	NO
Complete within the 5 minute, 15 second time limit?      Time:	YES	NO
Did the Recruit participate in the Ladder Climb evaluation?	YES	NO
Complete within the 40 second time limit?                  Time:	YES	NO
Did the Recruit participate in the Darkened Maze Crawl evaluation?	YES	NO
Complete within the 40 second time limit?                  Time:	YES	NO

<b>EVALUATOR TO COMPLETE</b>			
This Recruit has: <b>PASSED</b> <b>FAILED</b>			
the physical agility test portion of the membership application process with a total time of _____.			
It is my recommendation that this Recruit be _____ / not be _____ permitted to proceed with the next step of the enrollment process.			
EVALUATOR SIGNATURE:		DATE:	
<b>RECRUIT TO COMPLETE</b>			
I have not sustained any injury while performing the physical agility test portions of the enrollment process for entry into the ESTC Firefighter 1 Basic Course.			
RECRUIT SIGNATURE:		DATE:	

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**EMERGENCY SERVICES TRAINING CENTER**

# FIREFIGHTER RECRUIT

FORM 004

## MEDICAL CLEARANCE AND DISCLAIMER OF LIABILITY

**To Recruit: Provide the information requested below. Your physician must complete the next section of this form.**

Recruit's Name: \_\_\_\_\_ Last four of SS Number: \_\_\_\_\_

Test Date: \_\_\_\_\_

**NOTE:** If you do not take the physical agility test within 365 days of your medical examination, you must obtain a new medical evaluation **and** complete a new disclaimer form. Additional copies are available at the ESTC Office.

### DO NOT WRITE BELOW --- FOR PHYSICIANS' USE ONLY

**NOTE TO PHYSICIAN:** Please be advised that the person whose name appears above has been scheduled to take the physical performance component of the Burlington County Emergency Services Training Center Basic Course for Firefighter 1. He/she will be required to participate in the strenuous physical activities as described on the attached form.

Physician's Determination:

Can this Recruit safely perform this physical performance test without injury? Yes  No

If your answer is "NO" and the medical condition is temporary, please indicate the date after which the Recruit may safely be tested. Recruit may be tested after (Date) \_\_\_\_\_

If your answer is "NO", and the medical condition is permanent, please indicate so by checking the box and stating the reason(s) below.

Physician's Remarks: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Physician's Office Address: \_\_\_\_\_

Date: \_\_\_\_\_ N.J. Board of Medical Examiners License Number \_\_\_\_\_

### DO NOT WRITE BELOW --- TO BE COMPLETED AT THE TIME OF THE PHYSICAL PERFORMANCE TEST

#### DISCLAIMER OF LIABILITY


Participation in the firefighter physical performance test involves strenuous physical activities which require strength, endurance and speed. You will be allowed to participate in the test only if you have been examined by a physician who certifies that you can safely perform the physical performance test without injury. The ESTC has no knowledge of your physical condition or abilities and must therefore rely upon your representation and the representation of your physician that you can perform this test without injury. Your signature below indicates that you understand that you are assuming all risk connected with participation in this test, that you have been informed that the County of Burlington, its officers, employees, and/or assigns assume no risk, or responsibility for any injury incurred during or as a result of your participation in the test, and that no significant changes have occurred in your medical condition since you were examined by the physician whose signature appears above.

Recruit's Signature \_\_\_\_\_

\_\_\_\_\_ Date

**APPLICATION FOR ADMISSION FOR FIRST-TIME STUDENTS MUST BE PROCESSED BEFORE USING THIS FORM.**

**DO NOT USE THIS FORM IF** you have not attended the College within the last three years. You must first complete an application for admission found at [rcbc.edu/admissions](http://rcbc.edu/admissions).

I.D. NO.	 <b>Rowan College</b> at BURLINGTON COUNTY		<h2 style="margin: 0;">CREDIT COURSE REGISTRATION FORM</h2>		<b>FOR OFFICE USE ONLY</b> Request to Override Financial Hold Approved by: _____  Business Office Signature  Date: _____  _____ Registration Office Signature  Date: _____
PRINT ADVISOR NAME					ADVISOR'S SIGNATURE
LAST NAME					FIRST NAME
ADDRESS					
CITY/COUNTY		STATE	ZIP CODE		
PHONE NUMBER	RCBC EMAIL				

For Year 20\_\_\_\_\_
  Fall
  Spring
  Summer I
  Summer II
  Mini Term \_\_\_\_\_

SUBJECT	COURSE NO.	SECTION NO.	LOCATION	COURSE TITLE	CREDIT	DAY	TIME
<b>Total Credits</b>							

FORM 42200-025A\_ONLINE REV. 0118

**PLEASE READ CAREFULLY BEFORE SIGNING:**

- My signature on this form confirms my intention to attend all course(s) listed above and confirms that I am academically prepared and/or meet the defined requirements for the course(s).
- I understand that academic advisors are available to assist all students of Rowan College at Burlington County and I am strongly encouraged to see one prior to registering for course(s) listed above. I certify that in the absence of an advisor's signature above, I am choosing to register without the benefit of academic advisement.
- I understand that I am responsible for all costs associated with my courses, including tuition and applicable fees, whether or not I receive any educational benefits or assistance. I also understand that all applicable charges and fees must be paid by the established due dates. Due dates are found online at [rcbc.edu/businessoffice](http://rcbc.edu/businessoffice).
- I understand and accept that if my account becomes overdue, a hold will be placed on my account. At that time, my account may be forwarded to an outside agency and additional fees assessed.
- I understand that I am responsible to drop online through my WebAdvisor account or by submitting a completed ADD/DROP form electronically through my RCBC email to [registration@rcbc.edu](mailto:registration@rcbc.edu) or in-person at the Office of the Registrar, 900 College Circle, Student Success Center 2nd Floor, Mount Laurel, NJ 08054.
- I understand and accept that it is my responsibility to drop my course(s) by completing the drop process within the specified add/drop period listed on the Academic Calendar at [rcbc.edu/academic-calendar](http://rcbc.edu/academic-calendar).

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION:** To pay by credit card or set up a payment plan, please visit the Business Office website at [rcbc.edu/businessoffice](http://rcbc.edu/businessoffice).

**SUBMIT FORM** electronically through your RCBC email to [registration@rcbc.edu](mailto:registration@rcbc.edu) or in-person at the Office of the Registrar, Office of the Registrar, Student Success Center, 2nd Floor, Mount Laurel, NJ 08054.



Rowan College  
at  
BURLINGTON COUNTY

# APPLICATION FOR ADMISSION

Office of Outreach and Admissions | 900 College Circle | Mount Laurel, NJ 08054  
admissions@rcbc.edu | Fax (609) 894-0764 | rcbc.edu

## INSTRUCTIONS

*Please read all instructions and information before completing your application.  
The information you provide will help us better serve you.*

Rowan College at Burlington County has an open enrollment policy and you may begin your studies at RCBC if you:

- Have a high school diploma *or*
- Have an equivalency General Education Diploma (GED)/Test Assessing Secondary Completion (TASC) certificate *or*
- Are a high school or home schooled student with permission *or*
- Are a non-high school graduate with ability to perform college-level work and benefit from post-secondary education

### CURRENT HIGH SCHOOL AND HOME SCHOOLED STUDENTS:

- Students currently attending high school must complete the **Special Application for Select Students**. Home schooled students must complete the **Special Application for Home Schooled Students**. No application fee charged.
- Special applications are available at [rcbc.edu/admissions](http://rcbc.edu/admissions).

### GENERAL ADMISSION REQUIREMENTS FOR ALL APPLICANTS:

- Complete and sign the Application for Admission form and return it with a \$20.00 non-refundable check or money order to the Admissions Office at the address above.
- If you have previously attended RCBC, but have not taken courses within the last **three years**, you must file for readmission. **No application fee is charged for readmission.**
- Forward official high school or GED/TASC transcripts to the Admissions Office.

### ADDITIONAL REQUIREMENTS FOR ALL DEGREE OR CERTIFICATE-SEEKING APPLICANTS:

- Forward to Admissions Office **official** transcripts from any college previously attended for transfer credit evaluation.
- Submit the "Certificate of Immunization" form. This form can be found on our website at [rcbc.edu](http://rcbc.edu), under "Forms" or by request from the Office of Admissions.
- Complete Assessment exam for placement purposes. Assessment testing is available on a walk-in basis at the Mount Laurel campus. Please refer to the Test Center ([rcbc.edu/testcenter](http://rcbc.edu/testcenter)) for additional testing information. Students whom have met the following benchmarks on the SAT, ACT, PARCC exam, ASVAB or Specific Prior College Coursework are not required to take the ACCUPLACER exam:

#### SAT

- Prior to March 2016 students with scores of: Math Score of 530 or higher and a Critical Reading Score of 540 or higher
- After March 2016 students with scores of: Math Score of 500 or better and a Evidence Based Reading and Writing Score of 450 or better.

#### PARCC

- MATH PARCC minimum score of 750 (Level 4) on Algebra II exam
- ENGLISH PARCC minimum score of 750 (Level 4) on English Language Arts/Literacy Grade 11 exam

#### ACT

- Students with ACT scores of 23 or higher in Reading and 20 or higher in Math are not required to take the ACCUPLACER exam.

#### ASVAB

- Students with a score of 65 or higher are not required to take the ACCUPLACER exam.

#### Prior College

- Students who have taken college-level English and Math courses with a grade of a C or higher are not required to take the ACCUPLACER exam.
- A partial assessment exemption received with an SAT or ACT score that meets our exemption requirements for Critical Reading and Math scores.

### ADMISSION REQUIREMENTS FOR ALL INTERNATIONAL STUDENTS (NON-RESIDENTS OF THE U.S.):

- Students seeking to receive a form I-20/F1 visa **MUST** complete the **International Student Admissions Application** which can be found at [rcbc.edu/international](http://rcbc.edu/international).

For more information, please contact the Office of International Student Services at (856) 222-9311, ext. 2232 or via email at [international@rcbc.edu](mailto:international@rcbc.edu).

- All other non-resident visa holders should complete the Application for Admission form and return it with a \$20.00 non-refundable check or money order to the Office of Admissions at the above address.

**Admission to the college does not guarantee admission to all courses or programs.** The student may be required to take a prerequisite course prior to enrolling in an RCBC program course.



# ACADEMIC PROGRAMS

and their corresponding program page in the RCBC 2017-2018 College Catalog available at [rcbc.edu/publications](http://rcbc.edu/publications)

Accounting	AS.ACC . . . . .	81	Fashion Design	SPC.FDC . . . . .	74
Accounting	CRT.ACC . . . . .	82	Fashion Product Merchandising	AS.FPM . . . . .	86
Addictions Counseling	SPC.HSA . . . . .	141	Fire Investigation Certificate	SPC.FSI . . . . .	130
Alternative Energy Technologies	AAS.ALT . . . . .	98	Fire Science Certificate	SPC.FSC . . . . .	131
American Sign Lang/Deaf Studies	AS.ASL/DEA . . . . .	90	Geoscience	AS.GSC . . . . .	138
Art	AA.ART . . . . .	67	Geospatial Technology	AAS.GIS . . . . .	104
Art	AFA.ART . . . . .	68	Geospatial Technology	CRT.GIS . . . . .	105
Biology	AS.BIO . . . . .	134	Graphic Design & Digital Media	AAS.GDD . . . . .	75
Biotechnology	AS.BIT . . . . .	135	Health Information Technology	AAS.HIT . . . . .	115
Business Administration	AS.BUS . . . . .	83	Health Science	AS.HSC . . . . .	117
Business Mgmt. Technology	AAS.BMT . . . . .	84	Health Sciences	AAS.HSC . . . . .	118
Business Technology	SPC.BTC . . . . .	85	Healthcare Informatics	AAS.HCI . . . . .	116
Cancer Registry Management	AAS.MCR . . . . .	106	History	AA.HIS . . . . .	93
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Cancer Registry Management	SPC.MCR . . . . .	108	Human Services	AAS.HMS . . . . .	143
Chemical Engineering	AS.CGR . . . . .	99	Information Assurance and Cybersecurity	AAS.IAC . . . . .	128
Chemistry	AS.CHE . . . . .	136	Journalism	AA.JOU . . . . .	94
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Communication Arts	AA.COM . . . . .	91	Liberal Arts and Sciences	AS.LSC . . . . .	147
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Computer Management Information Systems	AAS.MIS . . . . .	125	Mathematics	AS.MTH . . . . .	139
Computer Networking Support and Servicing	SPC.EET . . . . .	126	Music	AS.MUS . . . . .	76
Computer Science	AS.CSE . . . . .	127	Nursing	AAS.NUR . . . . .	120
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Construction Management	AS.CON . . . . .	101	Paramedic Science	AAS.PAR . . . . .	121
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Criminal Justice	AS.CRJ . . . . .	129	Pastry Arts	AAS.PAS . . . . .	77
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Electronic Health Record	SPC.EHR . . . . .	113	Psychology	AA.PSY . . . . .	144
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Engineering	AS.EGR . . . . .	103	Retail Management Technology	AAS.RMT . . . . .	88
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Entertainment Technologies	AAS.ETV . . . . .	72	Technical Studies	AAS.TES . . . . .	149
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Exercise Science Health and Wellness Promotion	AS.HWP . . . . .	114			
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**AA** . . . . Associate of Arts Degree Program (*Transfer Option*)  
**AS** . . . . Associate of Science Degree Program (*Transfer Option*)  
**AAS** . . . . Associate of Applied Science Degree Program (*Career Program*)  
**AFA** . . . . Associate of Fine Arts Degree Program (*Transfer Option*)  
**CRT** . . . . Certificate Option  
**SPC** . . . . Special Certificate Program



**Rowan College**  
at  
BURLINGTON COUNTY

# APPLICATION FOR ADMISSION

Office of Outreach and Admissions | 900 College Circle | Mount Laurel, NJ 08054  
admissions@rcbc.edu | Fax (609) 894-0764 | rcbc.edu

**PLEASE PRINT**

Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Suffix (Jr., Sr., 3rd., etc.) \_\_\_\_\_

Any name used in the past \_\_\_\_\_

Date of birth \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Are you a resident of Burlington County?  Yes  No

If "no" please write the name of your country of residence: \_\_\_\_\_

Are you a U.S. citizen or permanent resident?  Yes-Citizen  Yes-Permanent Resident  No

If you are a permanent resident, please provide your alien registration number: \_\_\_\_\_

If "no,"

A. Citizen of what country? \_\_\_\_\_

B. Country of birth \_\_\_\_\_

C. Specify visa type (example: B-1, J-1, H-1, etc.) \_\_\_\_\_

D. Are you requesting a student visa?  Yes  No

Is English your primary language?  Yes  No If "no," indicate your native language: \_\_\_\_\_

## PROGRAM OF STUDY

Desired start date (Indicate date you wish to begin classes):

Fall 20 \_\_\_\_\_ (September)  Summer I 20 \_\_\_\_\_ (May – July)  Spring 20 \_\_\_\_\_ (January)

If you are seeking a degree from RCBC, please state your academic program code (listed on page 2): \_\_\_\_\_

*Health Sciences program applicants interested in selected programs will be initially entered into the AAS.HSC (Health Science) program until they are accepted into the specific Health Sciences program.*

Enrollment Status:  Non-degree  Transfer (never attended RCBC)  
 Freshman  Readmission (formerly enrolled at RCBC, but have not attended for 3 or more years)

What are your primary goals in attending RCBC? (Check all that apply)

- Complete associate degree AND transfer to 4-year college
- Complete associate degree only
- Transfer to another college BEFORE completing associate degree
- Take class(es) as a visiting student; transfer credit back to home college
- Take English as Second Language courses
- Self-improvement or intellectual growth
- Career advancement/improve or learn new skills

**FEDERAL REPORTING**

Information concerning gender, race/ethnic background and Veteran status is voluntarily provided by the student. It is used by the college for federal reporting purposes and does not affect admission or placement.

Gender:  Female  Male  
Are you Hispanic or Latino?  Yes  No  
What race or races best describes you?  
 Black or African American  White  American Indian or Alaskan Native  
 Hawaiian or Pacific Islander  Asian  Not applicable  
Military/Veteran/Dependent Status:  Active Duty Military, Guard or Reserve  Drilling National Guard or Reserve  
 Served in Military/Veteran  Spouse/child of someone who has served, or is serving, in military  
Branch of Service \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Are you a high school graduate?  Yes  No  No, currently attending high school

List High School below:

NAME	CITY	STATE	COUNTY	MONTH/YEAR OF GRADUATION OR EXPECTED GRADUATION
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If not a high school graduate, do you have a General Educational Development diploma (GED) / Test Assessing Secondary Completion (TASC)?  Yes  No

**Please submit official high school or GED/TASC transcripts to the Office of Admissions (see mailing address below).**

Have you previously attended any other colleges, universities, or other institutions of higher education?  Yes  No

List all colleges, universities or other institutions of higher education previously attended (including RCBC):

NAME OF SCHOOL	CITY	STATE	DATES ATTENDED	DEGREE EARNED

**Please submit official college transcripts to the Office of Admissions (see mailing address below).**

**STATEMENT OF CERTIFICATION**

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that submission of false information may result in dismissal from the college. In addition, I will abide by the student code of conduct and other requirements governing academic and social standards at Rowan College at Burlington County.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

Please submit application with a \$20.00 (non-refundable) check or money order to:

**Office of Outreach & Admissions  
Rowan College at Burlington County  
900 College Circle, Mount Laurel, NJ 08054**

*No application fee charged for readmission.*

# Firefighter 1 Recruit Personal Information Form



**Instructions:** Please complete this form to obtain a Division of Fire Safety Identification number (DFSID). Once your personal information has been entered into the DFS computer system you will receive a DFSID number in the mail within 10 business days. This form also acts to verify your receipt of the Jones & Bartlett Publishers textbook Fundamentals of Fire Fighter Skills, Evidence-Based Practices, Enhanced Third Edition (New Jersey Edition) and companion Study Guide.

FF1 Course Number: **F1001 -**

		For Official Use Only
<b>Section 1</b>		
SSN Number:	_____	Received: _____
Name:	_____	Entered: _____
Address:	_____	By: _____
City, State, Zip:	_____	
County:	_____	
Telephones: Home:	_____	
Work:	_____	
Cell:	_____	
Fax:	_____	
Email:	_____	
Date of Birth:	_____	
Career FD Name:	_____	<b>Section 2</b>
Career FDID Number:	_____	Gender: <input type="checkbox"/> Male
Volunteer FD Name:	_____	<input type="checkbox"/> Female
Volunteer FDID Number:	_____	Race: <input type="text"/>
		(Use Codes on 2nd Page)

**Section 3.** I do hereby certify that the foregoing statements made by me are true, and that I have received the Jones & Bartlett Publishers publications titled Fundamentals of Fire Fighter Skills, Evidence-Based Practices, Enhanced Third Edition (New Jersey Edition), and companion Study Guide. I further promise to reimburse the Division of Fire Safety \$46.75 for the above identified publications should I not satisfactorily complete the Firefighter 1 program. I give the Division of Fire Safety permission to change my personal information to reflect the changes indicated on this form should I possess a previously issued personal identification number.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Firefighter 1 Recruit—Personal Information Form Instructions

## Section

1. Enter your Social Security Number (SSN) and six digit DFSID if previously issued to you. The collection of the SSN is **mandatory**, and is collected under authority of N.J.S.A. 54:50-24 et seq. and Administrative Rule N.J.A.C. 5:3-1.2. The mandatory provision requires the collection of your SSN which enables both the Division of Fire Safety within the Department of Community Affairs and the Division of Taxation within the Department of Treasury to conduct more efficiently, the necessary background check before issuance, denial, renewal, suspension or revocation of a certification.

Please type or print clearly on the form. Provide your name, home address, county where you reside, contact telephone numbers, email, date of birth, and the career and/or volunteer fire department where you are a member. Leave the FDID number blank if you do not know the number. Please do not use your fire department address as your home address.

2. Please indicate your gender, race (using the codes provided below):

Use the following code numbers to indicate your race/national origin which best applies to your ancestral heritage. (**Providing this information is voluntary.**)

<u>Code</u>	<u>Description</u>
01	American Indian or Alaskan Native
02	Asian or Pacific Islander
03	Black, not of Hispanic origin
04	White, not of Hispanic origin
05	Hispanic

3. By your signature, you declare that you have received the received the Jones & Bartlett Publishers publications titled Fundamentals of Fire Fighter Skills, Third Edition (New Jersey Edition), and companion Study Guide. In addition, your signature promises that you will reimburse the Division of Fire Safety \$46.75 for the above identified publications should you not satisfactorily complete the Firefighter 1 program. Forward this “Personal Information Form” to the mailing address or fax number provided below.

### CONTACT INFORMATION

Questions concerning fire service certifications, training requirements and application procedures should be directed to the staff of the Office of Training and Certification from 8:30 a.m. to 4:30 p.m., Monday through Friday.

#### Training Program Contact Numbers:

**Firefighter Certification: (609) 777-3552**

**Training Fax Number: (609) 341-3469**

**Training Email: [kent.neiswender@dca.nj.gov](mailto:kent.neiswender@dca.nj.gov)**

### MAIL ADDRESS

**Office of Training and Certification  
Division of Fire Safety  
P.O. Box 809  
Trenton, NJ 08625-0809**

### DOWNLOAD CERTIFICATION APPLICATION FORMS

**<http://www.nj.gov/dca/dfs/formsapps.shtml>**