



# DAYTONA STATE COLLEGE

Daytona Beach Campus  
1200 W. International Speedway Blvd.  
Daytona Beach, FL 32114  
(386) 506-3000 • DaytonaState.edu

A MEMBER OF THE FLORIDA COLLEGE SYSTEM  
AN EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION

**TO:** Fire Fighter Program Candidates  
**FROM:** Charles M. Curb School of Emergency Services – Fire Science  
**RE:** Summer-Fall 2025 Night Fire Fighter Program

Thank you for your interest in the Summer-Fall 2025 Night Fire Fighter program. The application deadline date is **Friday, April 11, 2025**. There are 48 seats available – students that are not chosen for the Summer-Fall Night Fire Fighter program can move their application to a future semester.

**Please Note – NO MONEY IS DUE WITH THIS APPLICATION. The fee listed on the Application for Fire Fighter Certification Examination form will be paid online a few weeks after the program begins. Financial Aid (PELL Grants/Student Loans through DSC) cannot be used for this program. If there are low application numbers, the program is subject to be cancelled and all applicants will be notified accordingly. Costs incurred for the application (physical exam, fingerprinting, AHA BLS class) are not refundable.**

## About the Course

The Fire Fighter program consists of two courses totaling 492 hours of training – FFP0030 Firefighter I (FFI – 191 hours) and FFP0031 Firefighter II (FFII – 301 hours). Students will receive a letter grade for FFI and FFII for completion of the written course materials and contact hours. The practical skills hours are taught throughout FFI and FFII and will not be complete until the final day of FFII. If a student leaves the program before the final day of FFII, they will not receive certification of completion of FFI regardless of having received a letter grade for FFI.

## The Summer-Fall 2025 Night Fire Fighter program schedule:

- Dates: May 19 – December 19, 2025 (weather permitting)
- Times: Monday, Tuesday, Thursday 6-10 PM and Saturday 8-5 PM

The class will be held at the Volusia County Fire Rescue Training Center, 3889 Tiger Bay Road, Daytona Beach, Florida 32124

## Course Costs (all prices are subject to change)

### FFP0030 - Firefighter I

Tuition (In-State Resident)	\$523.87	(Out-of-State Resident)	\$2,095.48
Lab Fee	\$303.50		\$303.50
Access Fee	\$8.15		\$8.15

### FFP0031 - Firefighter II

Tuition (In-State Resident)	\$824.87	(Out-of-State Resident)	\$3,299.47
Lab Fee	\$275.00		\$275.00
Access Fee	\$12.84		\$12.84

### Assessment Fee (if applicable)

First time students, regardless of residency	\$34.00
DSC Application Fee	\$15.00

### Supplies & Materials (all students – all prices are approximate and subject to change)

- Bunker Gear Rental \$900.00 + deposit + tax
- Personal Protective Equipment \$350.00 (NFPA-approved boots/hood/gloves)
- Classroom Uniforms \$150.00
- Books/Materials/Supplies \$150.00
- Fire in the Field online program \$120.00
- Physical Exam \$120.00
- Fingerprints \$50.00
- Fire College Application Fee \$30.00
- AHA BLS for Healthcare Provider \$40.00
- State Exam \$44.00
- DSC Graduation Fee \$15.00

### Application Process (Steps 1-10 – forms are attached)

**Step 1 – Admissions.** If you have not taken classes at Daytona State College before, you will need to complete an Application for Admission (available online at [www.DaytonaState.edu/apply](http://www.DaytonaState.edu/apply)) – select Program Code 121700 and complete a New Student Orientation (available in the MyDaytonaState student portal in Falcon Self-Service). Have your official high school transcripts sent to the College's Admissions Department, along with official transcripts from any other college(s) that you have attended.

If you have taken classes before but not in the past two semesters, you will need to complete an Application for Admission again.

Questions? Contact the Admissions Office (386) 506-3059.

**Step 2 – AE-CASAS Test.** Take the AE-CASAS test at the Assessment Center. The AE-CASAS is a standard vocational program entrance test with two sections: Computation (Mathematics – 229 is score needed) and Communications (Reading and Language Arts – 244 is score needed in one of the two). You are exempt from taking the AE-CASAS if you have one of the following:

- Completed ENC1101 or ENCI102 with "C" or better
- Completed MAT1033, MGF2106, or MGF2107 with "C" or better
- PERT 106, 103, 114
- SAT 24, 25, 24 (within past two years)
- ACT 19, 17, 19 (within past two years)
- GED 2014 to present – 145 in Reasoning through Language Arts and Mathematical Reasoning
- Completed two-year degree or higher
- Graduated from public high school in Florida 2007 to present

Students that do not have one of the exemptions listed above must take the AE-CASAS. A copy of your scores must be submitted with this application.

Questions? Contact the Assessment Center (386) 506-3067.

**Step 3 – Application for Firefighter Certification Examination form.** Fill out the top portion of the form, skip the Required Attachments section, and sign and date at the bottom of the form. *DO NOT fill in the lines under Required Attachments - this part will be completed by the department secretary.*

**Step 4 – Military Service form.** Fill out the form. If applicable, include a copy of your DD214 (Member 4 copy).

**Step 5 – Information Release and Tobacco Affidavit forms.** These forms must be completed and signed in front of a notary public in the state of Florida. The DSC Fire Science Department secretary is a notary.

**Step 6 – Student Information form.** Fill out the form and sign and date at the bottom. If you have had a legal name change, attach the documentation to your completed application.

**If you have ever been arrested (juvenile or adult), please check the appropriate line(s) and write a short narrative for each arrest including date, location, offense, and outcome. Include a copy of each police report and each final disposition from the Circuit Clerk's Office in the county the offense occurred with your completed application.**

*Please note: If you have juvenile/adult arrest history and do not disclose it, but the background check shows otherwise, you may be removed from the program.*

**Step 7 – Standard high school diploma or GED or unofficial high school transcripts.** Include a copy with your completed application. If you have taken classes at DSC before, skip Step 6 and the department secretary will print a copy from your DSC document imaging file.

**Step 8 – Driver's License.** Include a copy with your completed application.

**Step 9 – Medical Examination to Determine Fitness for Firefighter Training.** This is the form for your physical examination. Physical examination forms from other programs/employing agencies cannot be used for the Fire Fighter program.

**Step 10 – Fingerprinting.** Follow the directions on the form - fingerprints from other programs/employing agencies cannot be used for the Fire Fighter program. Submit the Candidate Fingerprint Receipt you receive at your appointment. The appointment confirmation page is not accepted – only the Candidate Fingerprint Receipt. Students must meet criteria listed in Florida Administrative Code 633.412.

633.412 Firefighters; qualifications for certification. A person applying for certification as a firefighter must:

1. Be a high school graduate or the equivalent, as the term may be determined by the division, and at least 18 years of age.
2. Not have been convicted of a misdemeanor relating to the certification or to perjury or false statements, or a felony or a crime punishable by imprisonment of 1 year or more under the law of the United States or of any state thereof or under the law of any other country, or dishonorably discharged from any of the Armed Forces of the United States. "Convicted" means a finding of guilt or the acceptance of a plea of guilty or nolo contendere, in any federal or state court or a court in any other country, without regard to whether a judgement of conviction has been entered by the court having jurisdiction of the case.

3. Submit a set of fingerprints to the division with a current processing fee. The fingerprints will be forwarded to the Department of Law Enforcement for state processing and forwarded by the Department of Law Enforcement to the Federal Bureau of Investigation for national processing.
4. Have a good moral character as determined by investigation under procedure established by the division.

**Step 11 – American Heart Association (AHA) Basic Life Support (BLS) for the Healthcare Provider.** DSC Fire Fighter students must have a current AHA BLS for the Healthcare Provider card for the entire length of the program. A copy of the card must be submitted with your completed application.

The following documents are to be submitted as your application:

- **AE-CASAS** copy of scores (if applicable – see Step 2)
- **Application for Firefighter Certification Examination** form (see Step 3)
- **Military Service** form (if applicable – see Step 4)
- **Information Release and Tobacco Affidavit** forms (see Step 5)
- **Student Information** form (see Step 6)
- **Standard high school diploma or GED or unofficial high school transcripts**
- **Driver's License** (see Step 8)
- **Medical Examination to Determine Fitness for Firefighter Training** form (see Step 9)
- **Fingerprinting** (see Step 10)
- **AHA BLS for the Healthcare Provider** (see Step 11)

Completed applications can be submitted in person at the DSC Fire Science Department office between the hours of 10 a.m. and 5 p.m., Monday through Friday – Room 124C. The campus address is:

Daytona State College, ATC Campus  
1770 N. Technology Boulevard  
Daytona Beach, FL 32117

**\*\*\*\*\*PLEASE NOTE - only COMPLETED applications will be accepted.**

Students who are chosen to attend the Summer-Fall 2025 Night Fire Fighter program will be notified by email within a few days of the application deadline date. The email will include the rest of the steps that must be completed before the program begins. If you have any questions regarding this application packet, please contact Teresa Campbell at [Teresa.Campbell@DaytonaState.edu](mailto:Teresa.Campbell@DaytonaState.edu) or at (386) 506-4203.

*Please note: FINANCIAL AID (PELL GRANTS OR STUDENT LOANS THROUGH DSC) IS NOT AVAILABLE FOR THIS PROGRAM. USING A PROGRAM CODE OTHER THAN 121700 WILL NOT CHANGE THIS POLICY.*

*Daytona State College pledges nondiscrimination, equal access, equal educational opportunity, and equal employment opportunity to all persons regardless of race, ethnicity, religion, natural origin, age, gender, disability, marital status, ancestry, or political affiliation.*

*Our pledge covers recruitment, admission, registration, financial assistance, counseling, advising, course offerings, extracurricular programs, facilities, health services, athletics, employment and its privileges and benefits. For more information about the College's equal access and equal opportunity policies, procedures, and practices, call the Director of Institutional Equity at (386) 506-3916.*



**THE DEPARTMENT OF FINANCIAL SERVICES**  
**Division of the State Fire Marshal**

Application for Firefighter Certification Examination  
 Bureau of Fire Standards and Training

Name: Last	First	MI	Date of Birth
Street Address/City/State/Zip Code			
Student SS#	Email Address	Phone Number	

**Required Attachments**

- Fingerprint live scan date: \_\_\_\_\_
- Copy of your High School Diploma (Home Schooling must be compliant with FS 1002.41 & 1003.21)
- Copy of driver’s license or birth certificate as proof of being at least 18 years old
- Completed, signed, and dated original DFS-K4-1022 (completed less than 6 months before start of class)
- Receipt of \$30 application fee
- Notarized Tobacco Affidavit

Fill in the blank and attach Certificate or Transcript for each of the courses below.

Course Title	Provider	Dates Attended
Minimum Standards (492 hours)		
First Responder, EMT, or EMTP		

**Inquiry Waiver:** By my signature below, I authorize the Division of State Fire Marshal, Bureau of Fire Standards and Training, access to any and all information concerning my work record, school record, military record, and moral character pertinent to this application. This includes any and all information of a confidential or privileged nature, and copies of same if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification in the State of Florida.

**Certification Notice:** By my signature below, I understand that submission of this application is not a guarantee of approval and certification. Certification is only attained with an approved application, successfully completing the required courses, or attaining equivalency and passing the state certification written and practical exam.

Signature of Applicant	Date
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SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION AND APPLICATION FEE TO: BUREAU OF FIRE STANDARDS AND TRAINING, 11655 NW GAINESVILLE ROAD, OCALA, FLORIDA 34482-1486

PURSUANT TO THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT, ANY PERSON NEEDING SPECIAL ACCOMMODATIONS, PLEASE ADVISE WHEN SCHEDULING.

## Military Service

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Student Name \_\_\_\_\_

Have you ever served in any branch of the United States military?  Yes  No

If yes, which branch? \_\_\_\_\_

Discharge date/status: \_\_\_\_\_

*If yes, please include a copy of your DD214 (Member 4 copy) with your completed application.*

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**Please include a copy of your driver's license with your completed application.**

Copy included?  Yes \_\_\_\_\_ (student initials here)

**Please include a copy of your standard high school diploma, unofficial high school transcripts, or GED (whichever you have) with your completed application. If you have taken classes at DSC before, you can skip this step – the department secretary will print this information from your DSC document imaging file.**

Copy included?  Yes \_\_\_\_\_ (student initials here)

**Please print a copy of my high school information from my DSC document imaging file.**

Yes \_\_\_\_\_ (student initials here)

# Information Release

**Complete this form in front of a Notary Public**

I certify that all of the information provided in this application is true and correct to the best of my knowledge and belief.

\_\_\_\_\_ Initial here

I certify that any omission or misrepresentation, intentional or otherwise, is cause for immediate removal from the Daytona State College Fire Fighter Program.

\_\_\_\_\_ Initial here

I specifically authorize the Daytona State College Fire Science Department to request any and all records or information relating to my personal, medical, educational, arrest, or employment history from any source.

\_\_\_\_\_ Initial here

I hereby authorize the Daytona State College Fire Science Department to release any information or statement executed by me or generated as a result of my application and/or attendance in the Fire Fighter Program (i.e.: application information, grades, etc.)

\_\_\_\_\_ Initial here

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

WITNESS, my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_ AD, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

PLEASE AFFIX SEAL ABOVE

# Tobacco Affidavit

**Complete this form in front of a Notary Public**

Name: Last	First	MI	Date of Birth
Street Address/City/State/Zip Code			
Email Address		Phone Number	

I confirm I have been a non-user of tobacco or tobacco products for at least one year immediately preceding application as required by Florida State Statute 633.412.

Signature of Applicant	Date
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## Notarized

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ personally  
(month/day) (year) (Applicant's Name)

appeared before me and, \_\_\_\_\_ who is personally known to me, or \_\_\_\_\_ who

as provided \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

PLEASE AFFIX SEAL ABOVE



# Student Information

Student Name

If you have had a legal name change due to adoption, marriage, or any other circumstance, please list the name(s) and **provide documentation** for same:

## Address & Contact Information

Mailing Address: Number and Street	City
State	Zip Code
Telephone: Home	Cell
DSC Email – <i>Will be used for all communication during the program.</i>	DSC ID#

## Emergency Contact

Emergency Contact: Name	Relationship	Phone Number
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Have you ever (check all that apply):

- Been arrested for a felony/misdemeanor – juvenile/adult?  Yes  No
- Had a juvenile/adult record sealed?  Yes  No
- Had a juvenile/adult record expunged?  Yes  No
- Had adjudication withheld on a juvenile/adult charge?  Yes  No

For each “yes” answer to the four questions listed above, you must provide a copy of the detention/arrest report(s), the course final disposition(s), and complete a brief narrative below to include offense, date of arrest, location of arrest, and outcome for each.

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## Signature

Signature of Student

Date



**THE DEPARTMENT OF FINANCIAL SERVICES**  
**Division of the State Fire Marshal**

Medical Examination to Determine Fitness for Firefighter Training  
 Bureau of Fire Standards and Training

Name: Last	First	MI	Student SS#
Training Center			
Email Address		Phone Number	

**For the medical professional conducting the examination: The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of a firefighter as described on page 2. The examination is required by section 633.412, F.S., before an individual starts firefighter training.**

This medical examination must be completed by a physician, surgeon, or physician’s assistant licensed to practice in this state pursuant to chapter 458, F.S.; or an osteopathic physician, surgeon, or physician’s assistant licensed to practice in this state pursuant to chapter 459, F.S.; or an advanced practice registered nurse licensed to practice in this state pursuant to chapter 464, F.S.

**Such examination must include, at a minimum, the following:**

- |                                       |  |
|---------------------------------------|--|
| Dermatological system                 | Neurological system                        |
| Cardiovascular system                 | Ears, eyes, nose, mouth, throat            |
| Clinical evaluation of 12 lead EKG    | Auditory hearing in the pure tone          |
| Systolic and Diastolic Blood pressure | Far visual acuity corrected or uncorrected |
| Respiratory system                    | Peripheral vision                          |
| Gastrointestinal system               | Genitourinary system                       |
| Endocrine and metabolic systems       | Musculoskeletal system                     |

**For the medical professional conducting the examination to complete: (sign in appropriate box)**

**Based on the results of this medical evaluation, the applicant:**

Has no pre-existing or current condition, illness, injury, or deficiencies. <b>The applicant is medically fit to engage in firefighter training.</b>	Has a pre-existing or current condition, illness, injury, or deficiency that presents a safety or health risk in the environment or job functions of a firefighter. <b>The applicant is not medically fit for firefighter training.</b>
Signature: _____	Signature: _____

Completion Required (please print)

Name of Medical Professional Signing Form	Date Signed
Office Address	Office Telephone Number

## Essential Job Tasks and Descriptions

1. Performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting, carrying heavy objects, ventilating roofs or walls using power or hand tools, and forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods. (5.1.1.1)
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. (5.1.1.2)
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA. (5.1.1.3)
4. Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more and carrying equipment/tools weighing an additional 20 to 40 lbs. (5.1.1.4)
5. Wearing fire protective ensemble that is encapsulating and insulated and SCBA, 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). (5.1.1.5)
6. Wearing personal protective ensemble and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility. (5.1.1.6)
7. Wearing personal protective ensemble and SCBA, advancing water-filled 2 ½ diameter hose lines from fire apparatus to occupancy [approximately 150 ft.], which can involve negotiating multiple flights of stairs, ladders, and other obstacles. (5.1.1.7)
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. (5.1.1.8)
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. (5.1.1.9)
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens. (5.1.1.10)
11. Performing critical, time-sensitive, and 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. (5.1.1.11)
12. Ability to 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), hear alarm signals, and hear and locate the source of calls for assistance from victims or other firefighters. (5.1.1.12)
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. (5.1.1.13)

## Fingerprinting

1. Go to <https://www.identogo.com>
2. Scroll down, click Digital Fingerprinting
3. Under Select the state you need to be fingerprinted for, click down arrow, click Florida, click GO
4. Scroll down, click Digital Fingerprinting
5. Under For New Appointments, click Schedule a New Appointment
6. Under Agency Name, click down arrow, click DFS - Dept. of Financial Services, click GO
7. Under ORI number, click down arrow, click Fire - Standards and Training, click GO
8. Read Acknowledgement, click box, click GO
9. Click FL Resident
10. Enter your zip code, click GO
11. Locations near your zip code will show - choose the one you prefer and click on date
12. Fill in remaining information

Go through the remaining screens and make your payment with a debit/credit card. Go to your fingerprint appointment. When you leave the appointment, you will be given a Candidate Fingerprint Receipt. You need to turn in the Candidate Fingerprint Receipt with your completed Fire Fighter application.

Fingerprints from other academy programs (Law Enforcement, Corrections, EMT, Paramedic) or from an employer **cannot** be used for the Fire Fighter program.

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*If you have any problems with the website, you can contact Identogo at 1-800-528-1358.*

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## **BASIC LIFE SUPPORT FOR THE HEALTHCARE PROVIDER COURSE (CPR)**

DSC Fire Fighter program students must have a current AHA BLS for Healthcare Providers card for the entire length of the program. A copy of the card must be submitted with the Summer-Fall 2025 Night Fire Fighter program application. Information on available AHA BLS classes can be found at:

[www.campusce.net/iemse](http://www.campusce.net/iemse)

Under the American Heart Association tab, click on Basic Life Support.

Choose the date you are interested in. Add to cart. Follow all the rest of the online instructions.

If you have any problems, please feel free to call Michele or Jenny and they will assist you with the process.

### **Contact Information:**

Michele Macklefresh-Franks  
Training Center & Institute for EMS Education-  
Coordinator  
386-506-3298 Office  
386-506-4367 Fax  
macklem@daytonastate.edu



Jenny Bridger  
Senior Staff Assistant  
Daytona State College  
Bldg320 Room022 (Basement)  
386-506-3816 Phone  
386-506-4367 Fax

