

# Union County Fire/EMS Training Academy

1075 Edward St.

Linden, NJ 07036

(Main Entrance on Avenue C)

Telephone (908) 523-1590 ❖ Fax (908) 523-1625

Email: fireemsacademy@ucnj.org

## Fire Officer 1 (Nights)

This 48-hour course is designed to build the skills necessary to be an effective fire service leader. It is the first level in the series of programs required to receive Fire Officer 1 certification and is designed to meet the education and time requirements of N.F.P.A 1021, Standard for Fire Officer Professional Qualifications, 3rd Edition, for Fire Officer 1 and N.J.A.C. 5:73-8.2 qualifications for Fire Officer 1. Course content will include a mixture of lectures, case studies, and classroom exercises designed to acquaint the student with the role of the company officer in a fire department and introduce basic management and leadership theories, practices, and functions. Topics covered include firefighter health and safety, managing resources, planning and readiness, fire prevention, building construction, and risk management. This class will meet every Tuesday and Thursday night for eight consecutive weeks.

**PRE-REQUISITE: NJ Firefighter 1, Firefighter 2, and 3 years firefighting experience.**

**Instructor(s):** Captain Mark O'Grady (Ret.), Roselle FD

**Date(s):** April 18, 20, 25, 27, May 2, 4, 9, 11, 16, 18, 23, 25, 30, June 1, 6, 8  
**Class Limit:** 20 Student Max.

**Time:** 1900-2200

**Attire:** Uniform or Business Casual

**Equipment:** NFPA Fire Officer: Principals and Practice, 4<sup>th</sup> Edition Student Manual (**NOT PROVIDED**)

**Cost:** Union County – \$300.00 Out of County – \$375.00

### REGISTRATION

Please complete the following information and return entire form by mail, fax, or email.

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**First Name (Print)**

**Last Name**

**Rank**

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**Personal Phone #**

**Personal Email**

**Make all checks/agency vouchers payable to UNION COUNTY FIRE/EMS ACADEMY.**

**CERTIFICATION:** This is to certify that the above enrolled personnel is/are protected for both workers compensation and liability coverage under our insurance program. A certificate of insurance outlining this coverage will be furnished upon request.

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Chief/Authorized Official Name (Print)

Chief/Authorized Official Signature

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Agency Name

Agency Address

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Agency Phone #

Agency Email