



Fire Training Academy Qualified Marine Student



In order to complete registration for any Marine Firefighting Open Enrollment Course at the Fire Training Academy, all marine students must complete the following steps to become a Qualified Marine Student;

(Please note the Fire Training Academy will cover the cost for this process and you will not be charged.)

Step 1 – Register for a Fire Training Academy Marine Open Enrollment Course:

Register for Marine Open Enrollment Courses being held at the Fire Training Academy. You may register by submitting a Marine Firefighter Course Registration form attached to this PDF on page 3.

Step 2 – Complete Electronic Medical Questionnaire:

Complete the electronic medical questionnaire using the link below. Your questionnaire will be reviewed by a licensed medical professional to determine your eligibility to participate in live fire training. The Fire Training Academy will be notified once you have been medically cleared. You do not have to wait for us to contact you in order to complete step 3 below, however we do ask you wait a minimum of 24 hours for your paperwork to be process prior to completing step 3.

<http://www.ushealthworks.com/MarineProgram>

Step 3 – Complete a Qualitative or Quantitative Respirator Fit Test:

Print the attached HealthWorks Authorization for Service form (located on page 2 of this PDF). Bring in the Authorization form and a valid photo ID with you to one of the below locations;

Everett (Paine Field), 3101 111th St. SW, Unit T/U (425-267-0299) - Open M-F 7am to 5pm

Seattle (South), 3223 First Avenue S., Ste. C (206-624-3651) - Open M-F, 6am to 4:30 pm

Tukwila (Fort Dent), 6720 Fort Dent Way, Suite 110 (206-242-3651) - Open M-F, 7am to 5pm

Tacoma, 2624 S. 38th St. (253-475-5908) - Open M-F, 7am to 7pm; Sat, 9am to 5pm

If you have any questions regarding this process please contact the Fire Training Academy at 425-453-3000 or via e-mail at FTARegister@wsp.wa.gov.



PLEASE BRING PHOTO ID

Authorization for Service

WA State Patrol Fire Training Academy

Check One:

- WSP Fire Training/All Others (Acct# 42977)
- WSP Fire Training/Marine Program (Acct# 51601)

Student's Name: _____ Date: _____

Service Requested:

- | | | |
|---------------------------------------------------------------------|----|----------------------------------------------------------------------|
| <input type="checkbox"/> Respirator Questionnaire Review | | <input type="checkbox"/> Respirator Clearance Physical Exam |
| <input type="checkbox"/> PFT | | <input type="checkbox"/> 2-View Chest X-Ray |
| <input checked="" type="checkbox"/> Qualitative Respirator Fit Test | OR | <input checked="" type="checkbox"/> Quantitative Respirator Fit Test |
| | | <i>(only available at Seattle/First Ave and Tukwila/Ft. Dent)</i> |
| | | Other: _____ |

Authorized By: *Jane Hughes* Phone: 425-453-3000

U.S. HealthWorks Washington Locations

A Participating Provider in L&I's Medical Provider Network

- | | |
|---------------------------------------------------------------------------------------|---------------------------------------|
| Everett (Paine Field) , 3101 111 th St. SW, Unit T/U (425-267-0299) | Open M-F 7am to 5pm |
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Washington State Patrol

STATE FIRE MARSHAL'S OFFICE

Serving Washington Since 1901



Fire Training Academy

Phone Number: (425) 453-3000 • E-Mail: FTARegister@wsp.wa.gov • Fax: (425) 888-3060

Marine Firefighting Course Registration

COURSE INFORMATION

Please check **ONE** of the following courses:

Course Start Date _____

- Basic Marine Advanced Marine Advanced Refresher
 Advanced Revalidation Industrial Fire Brigades

Please check **ONLY IF** the following applies to you: I am currently a Qualified Marine Student (please refer to our [web site](#) to verify you have completed the required steps to become a Qualified Marine Student).

FTA STAFF MEMBER USE ONLY

- | | | | |
|----------------------------------------------------------------|---------------------|----------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Registration Received | Date Received _____ | Staff Initials _____ | |
| <input type="checkbox"/> Medical Questionnaire Received | Date Received _____ | Staff Initials _____ | Passed <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Qualitative Fit Test Received | Date Received _____ | Staff Initials _____ | Passed <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Registration Confirmation E-Mail Sent | Date Sent _____ | Staff Initials _____ | |

HOUSING INFORMATION

Housing Requested: NO YES (if YES, please complete the dates below)

Check-In Date _____ Check-Out Date _____

STUDENT INFORMATION

First Name _____ MI _____ Last Name _____

Gender: F M Company/Agency Name _____

Last Four SSN _____ Date of Birth _____ Title/Rank _____
(REQUIRED) MM/DD/YYYY (IF APPLICABLE)

Mailing Address _____
City _____ State _____ ZIP _____

Phone (____) _____ E-Mail _____

Supervisor/Agency Contact _____ Title/Rank _____

Phone (____) _____ E-Mail _____

BILLING INFORMATION

Self-Pay **Please note, payment cannot be accepted prior to the first day of the course.**

Paying for: Course Housing
Payment Method: Credit/Debit Money Order Check (make payable to Washington State Patrol)

Company/Agency Payment **Companies and agencies will be invoiced for payment after training is completed.**

Paying for: Course Housing

Company/Agency Name _____

Billing Address _____

City _____ State _____ ZIP _____

Phone (____) _____ PO # _____ E-Mail _____
(IF APPLICABLE)

Authorizing Signature _____

Printed Name of Authorizing Signature _____ Date _____

Please return completed registration via e-mail to FTARegister@wsp.wa.gov