

# Retest and Challenge Exam Registration Form

Fill out all highlighted sections in the Retest or Challenge exam sections

**JRs and Explorers will NOT use this form. If submitting for a Firefighter under 18 years of age contact your Regional Coordinator**

## Retest

<i>Course Code &amp; Section Number</i>	<i>Course Name</i>	<i>Date to Retest- must be on list</i>		<i>Location- from list</i>
<i>Evaluation date of Original Course</i>	<i>Which attempt will this be?</i>	<i>Date of last attempt?</i>	<i>Within 120 Days of first attempt?</i>	<i>Confirmed? (for office use only)</i> Yes or No _____
			Yes or No _____	
<i>Will accommodations be needed i.e. verbal exam? Documentation from an IEP or a letter from a medical doctor that outlines the accommodation(s) needed must accompany this registration. Yes or No _____</i>				<i>Note: Must be 30 days between attempt 2 and 3</i>

## Challenge Exam

<i>Course Code only- list is available on website</i>	<i>Course Name</i>	<i>Date to Challenge- must be on list</i>		<i>Location- from list</i>
<i>EVD requires skill 3.5 to be submitted with registration form. Is skill 3.5 submitted with form? Yes or NA _____</i>		<i>Prerequisite Courses met? List or prereqs available on State Fire website.</i>		<i>Confirmed? (for office use only)</i> Yes or No _____
		Yes or No _____		
<i>Will accommodations be needed i.e. verbal exam? Documentation from an IEP or a letter from a medical doctor that outlines the accommodation(s) needed must accompany this registration. Yes or No _____</i>				

**Student ID:** \_\_\_\_\_  male  female      date of birth: \_\_\_\_\_ age: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Daytime phone #'s: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fire Dept. or Organization \_\_\_\_\_

FDID#: \_\_\_\_\_ Dept. phone \_\_\_\_\_

**Notice:** It is the policy and practice of the South Carolina Fire Academy to make all testing and certifying services available to all of its constituents without regard to race, religion, color, national origin, sex, or age, except where sex or age is a bonafide occupational qualification.

### Agreement and Waiver / Liability Release

- In consideration for participating in South Carolina Fire Academy training, I hereby release, indemnify, and covenant not to sue the South Carolina Fire Academy, S.C. Department of Labor, Licensing and Regulation, The State of South Carolina, their officers, agents or employees (Releasees) as well as any other students or instructors from any and all liability, claims, cost and causes of action arising out of or related to any property damage or personal injury, including death, that may be sustained by me, while participating in such activity, or while on the premises owned, leased or used by Releasees. I acknowledge the training involves physically strenuous activities in which I am capable of fully participating. I know of no physical or mental condition that would preclude my full participation in the training.
- I certify that the information on this registration form is correct. I agree to abide by the rules, policies, and regulations of the South Carolina Fire Academy. I understand that falsifying information or violating rules or procedures may result in me being denied admission to the course and/or loss of course credit.
- I authorize the release of any information concerning my enrollment and completion of all South Carolina Fire Academy courses to me, my fire chief, or my department training officer.
- I understand that the South Carolina Fire Academy is not authorized to provide travel, medical, or health insurance, I verify that I or my agency maintain appropriate and necessary coverage, and I understand that I or my agency will be responsible for any medical expenses that I may incur as a result of my participation in this program.
- I understand that the nature of the tasks I may perform while involved in this training may require a high degree of physical fitness, agility, and dexterity, and that this may include rigorous exercises which require physical fitness, strength, and stamina. I am fully aware of the risks and hazards associated with fire, rescue and hazardous materials training, including but not limited to burns, heat stroke, heart attack, heat exhaustion, falls and other related injuries, and I choose to voluntarily participate in the activity with full knowledge that said activity may be hazardous to me and my property.
- In signing this release, I acknowledge that I have read and understand the Release: and that **I am at least 18 years of age** and fully competent and a member of a legally organized fire department, fire brigade, fire related business or emergency response organization.
- By registering for this course, I hereby give the South Carolina Fire Academy permission to reproduce and publish my name and/or photographic likeness.

\_\_\_\_\_  
Signature - form must be signed by student

\_\_\_\_\_  
Fire Chief or Designee

\_\_\_\_\_  
Date