

## MASSACHUSETTS STATE 911 DEPARTMENT

### 64<sup>th</sup> PSCA - PUBLIC SAFETY COMMUNICATIONS ACADEMY Application for Enrollment

#### **Academy Information**

Academy Start Date: May 4 - June 5, 2026

Orientation: April 30, 2026  
**\*Attendance is mandatory\***

Class Times: Monday – Friday 8:30 am – 4:30 pm. (unless otherwise noted)

Location: Milford Training Site

#### **Section 1 – Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Full Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Other Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last four of SS Number \_\_\_\_\_

Date of Hire/Appointment \_\_\_\_\_ Status of Employment (Full or Part-Time) \_\_\_\_\_

I, \_\_\_\_\_, agree to comply with all rules and regulations set forth by the Massachusetts

*Printed Name of Applicant*

State 911 Department with regard to its training programs and understand that I may be subject to dismissal from the program for infractions thereof. I also agree that in case of accident or illness, the training staff may take whatever actions are deemed necessary to arrange for emergency medical services. In the case of injury or illness resulting from training, all necessary medical expenses will be borne by the sponsoring agency. I agree that all issues of civil liability shall be determined in accordance with Chapter 258 of the Massachusetts General Laws.

Signed: \_\_\_\_\_ Rank or Title: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Section 2 – Agency Information**

Name of Agency \_\_\_\_\_ Full Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Agency Type: Police Fire EMS Combination

EMD is:  provided In-house  CPR certified What EMDPRS is your PSAP using? \_\_\_\_\_

Provided by (Certified EMD Resource): \_\_\_\_\_

I, \_\_\_\_\_, approve this applicant for attendance at the above named academy session and

*Printed Name of Chief Officer*

further agree as the chief executive officer of the sponsoring agency to abide by the training regulations as established by the Massachusetts State 911 Department and understand that the program may include various types of training. I stipulate that the applicant will be employed by the sponsoring agency during periods of participation in the training program, and that the sponsoring agency assumes responsibility for all necessary medical expenses for injury or illness resulting from training. I agree, as the chief executive officer of the sponsoring agency, that the applicant shall be covered by emergency health care insurance during his/her participation in the training program activities, and also agree that in the case of illness or injury the training staff may take whatever actions are deemed necessary to arrange for emergency medical services. I agree that all issues of civil liability shall be determined in accordance with Chapter 258 of the Massachusetts General Laws.

Signed: \_\_\_\_\_ Rank or Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note, a student has not been approved for attendance at a class until a confirmation has been received via fax from the State 911 Dept. Training Division*