

MASSACHUSETTS STATE 911 DEPARTMENT

67th PSCA - PUBLIC SAFETY COMMUNICATIONS ACADEMY Application for Enrollment

Academy Information

Academy Start Date: March 17, 2027
Orientation: March 11, 2027 – Milford training site
Attendance is mandatory
Class Times: Monday – Friday 8:30 am – 4:30 pm. (unless otherwise noted)
Location: Milford Training Site, 31 Maple St. Milford MA

Section 1 – Student Information

Last Name _____ First Name _____ Middle Initial _____
Full Address _____ E-Mail Address _____
Phone Number _____ Other Number _____
Date of Birth _____ Last Four Digits of SS Number _____
Date of Hire/Appointment _____ Status of Employment (Full or Part-Time) _____
Does this student require any accessibility accommodations? ☐ NO ☐ YES

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*



The Commonwealth of Massachusetts
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
STATE 911 DEPARTMENT
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MAURA T. HEALEY
Governor

GINA K. KWON
Secretary

KIMBERLEY DRISCOLL
Lieutenant Governor

FRANK POZNIAK
Executive Director

State 911 Department Training Attendee Dress Code

Dress Code for each day unless otherwise specified by the Director of Programs shall be as follows:

Clothing:

Slacks, khakis, button down shirts, blouses, sweaters, polo shirt, skirts, dresses, Department Uniform.

Footwear:

Closed toe shoes, sneakers, low heeled boots.

Prohibited:

Shorts, jeans, hooded sweatshirts, baseball caps, tee-shirts with logos, flipflops.