



# F0722

## NFA Weekend at MFSI

Location:  
19 Sewall Street  
Brunswick, ME  
04011



# Health & Safety Program Manager

### Curriculum: Responder Health and Safety

This 2-day course will provide fire and emergency medical services department personnel and other related emergency responders with the aptitudes and abilities necessary to manage the duties and responsibilities of the Health and Safety Program Manager (HSPM) within their respective organization.

Successful completion of this course will enable participants to:

- Adapt the HSPM roles and responsibilities while applying risk management health and safety concepts within their organization to determine system-wide needs and to develop support to institutionalize opportunities to meet the needs assessment.
- Evaluate and prioritize health and safety-related strengths and weaknesses within their organization.
- Evaluate the environmental barriers affecting the implementation and impact of the organization's safety and health programs.
- Evaluate and integrate the organization's and individual's responsibility to impact health and wellness positively.

*Please submit completed registration materials to Anne Heinig at [ahainig@smccme.edu](mailto:ahainig@smccme.edu) or mail to "MFSI-ATTN: Anne Heinig, 19 Sewall Street, Brunswick, ME 04011"*

This program is being brought to you as a collaboration between  
the National Fire Academy and Maine Fire Service Institute

[mfsi.me.edu](http://mfsi.me.edu)

# September 16 & 17 2023

8:00am-4:00 pm  
Program fees: \$25  
(lunch is provided  
both days)

Deadline to Apply  
July 30, 2023

For more  
information email  
[jgraves@smccme.edu](mailto:jgraves@smccme.edu)



SOUTHERN  
MAINE  
COMMUNITY  
COLLEGE



# Registration Form

SMCC ID# \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

BIRTH/OTHER NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

GENDER\*  FEMALE  MALE

BIRTHDATE\* \_\_\_\_\_

MINOR RELEASE FORM REQUIRED FOR STUDENTS UNDER 18 YEARS OF AGE

ETHNIC GROUP\* (CHOOSE ONE)  HISPANIC/LATINO  NOT HISPANIC/LATINO

RACE\* (CHOOSE ALL THAT APPLY)  AMERICAN INDIAN OR ALASKA NATIVE  ASIAN  
 BLACK OR AFRICAN AMERICAN  WHITE  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

\*OPTIONAL – THIS INFORMATION IS USED FOR REPORTING PURPOSES ONLY

YOUR REASON FOR ENROLLING  DEGREE OR CERTIFICATE  PERSONAL ENRICHMENT  
 TRANSFER TO ANOTHER COLLEGE  SKILLS FOR EMPLOYMENT  OTHER

I HAVE BEEN A RESIDENT OF MAINE SINCE \_\_\_\_\_ (for non-educational purposes)  
MONTH/YEAR

ARE YOU A U.S. CITIZEN?  YES  NO PROOF OF MAINE/US RESIDENCY REQUIRED TO QUALIFY FOR IN-STATE TUITION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?  YES  NO

REGISTRATION YEAR \_\_\_\_\_ TERM  FALL  SPRING  SUMMER

COURSE CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	CREDITS	A AUDIT R REPEAT	OFFICIAL USE
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			F0722 Health and Safety Program Manager			

STUDENT SIGNATURE \_\_\_\_\_