New Hire/ Termination Packet (Rev. 9/18)



**Notice of Employment Form**

Notice of Employment must be sent to the ESCB **within 30** **days** of hire or termination.

**Non-Disclosure of Confidential 9-1-1 Information Form**

Employee must sign this form pursuant to MRSA 25 § 2929

65 - 625 CMR Chapter 1: Standards for Establishing a Statewide Enhanced 911 System

**Training Request Form**

All required training must be completed within 12 months of hire date, with the exception of NG911, which must be done within 90 days of hire. If several people are taking classes on the same dates, then multiple courses can be checked on a single form.

**NG911 Logon Credentials (PSAPs Only)**

Supervisors requesting NG911 logon credentials for their employee(s) may use this form or submit a request by email to [911Training.PUC@Maine.Gov](mailto:911Training.PUC@Maine.Gov) . **A middle initial is required for NG911** (If there is no middle name/initial then indicate so by writing N/A in that field). Please list any other agencies an employee works for to ensure calls go to the proper PSAP (Agents will be given multiple logons if they work for more than one agency).

**Student Instructions**

Student Expectations, Dress Code/Attire, Class Times, Directions, Parking and Contact Information. *Retain these instructions and issue to each student attending class.*

STATE OF MAINE

PUBLIC UTILITIES COMMISSION

Mark A. Vannoy Harry Lanphear

Chairman Administrative Director

R. Bruce Williamson

Randall D. Davis

COMMISSIONERS

**Public Safety Dispatcher**

**NOTICE OF EMPLOYMENT / TERMINATION (rev. 9/18)**

Forward to the ESCB **within 30** days of employment or termination.

Please fill out either the EMPLOYMENT or the TERMINATION information, as applicable.

Name (Applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden/previous Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mm/dd/yyyy) (required by statute)

Official Agency E-mail Address for this Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (example:JDoe@mainepd.org)

**EMPLOYMENT DATE:** Click or tap to enter a date. ***or* TERMINATION DATE:** Click or tap to enter a date.

**EMPLOYMENT / TERMINATION LEVEL:**

Full Time Dispatcher  Part Time Dispatcher\*\*

Has this employee had basic training for full-time public safety dispatching OUT OF STATE? Yes No

If the agency is requesting a waiver of the basic school for this individual, please forward the Waiver Application Packet to the Emergency Services Communication Bureau (ESCB)

Has this employee had training in Emergency Medical Dispatch (EMD)?  Yes  No

If Yes, what program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Maine EMS Office for license application process.

\*\*Is applicant otherwise employed w/your agency ? if so, what position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e. also full-time law enforcement, part-time corrections, other)

TERMINATION: (If termination due to Conviction or Professional Misconduct, please note in comments) Type of

Termination (Please check) Resigned  Discharged  Retired  Deceased  Other

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form MUST be signed by the DEPARTMENT HEAD and submitted to the**

**ESCB, 18 SHS, Augusta, ME 04333 or faxed to 207-512-5950**

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Phone: 207-877-8068 or 207-287-1598 or Fax: 207-512-5950 (training office)***

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**NONDISCLOSURE OF CONFIDENTIAL 9-1-1 INFORMATION (rev.09/18)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that all information

(print name)

contained in any database, report, audio recording or other record of the Emergency Services Communication Bureau (hereafter referred to as the Bureau) or a Public Safety Answering Point (hereafter referred to as PSAP) is considered "confidential information" to include:

A. The names, addresses and telephone numbers of persons listed in E-9-1-1 databases;

B. Names, addresses and telephone numbers that are omitted from a telephone utility directory list at the request of a customer;

C. Personally identifying information of a caller to a public safety answering point;

D. Personally identifying information of and any medical information about a person receiving emergency services through the E-9-1-1 system; or

E. Personally identifying information of any 3rd party, including, but not limited to, a minor, given during a telephone call to a public safety answering point.

I further understand that confidential information may not be utilized for commercial purposes and may not be disclosed in any manner except as follows, and in accordance with agency policy:

A. to public or private safety agencies for processing emergency calls and providing emergency services;

B. to a criminal justice agency, as defined in Title 16, section 803, subsection 4, for the purposes of the administration of criminal justice, as defined in Title 16, section 803, subsection 2, and the administration of juvenile justice, as defined in Title 15, section 3308- A, subsection 1, paragraph A, related to an E-9-1-1 call; and

C. to designees of the Bureau Director for the purpose of system maintenance and quality control.

I further understand that knowingly disclosing confidential information or disclosing audio recordings of emergency calls to the E9-1-1 system in violation MRSA Title 25 § 2929, is a Class E crime and may also result in disqualification for public safety answering point employment as found in Bureau personnel security clearance and data security standards for PSAPs. (65-625 CMR Chapter 1)

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(signature of employee) (employing agency) (date)

REFERENCE: MRSA 25 § 2929

65 - 625 CMR Chapter 1: Standards for Establishing a Statewide Enhanced 911 System

**Emergency Services Communication Bureau**

**SHS 18 – Augusta, ME 04330**

**APPLICATION FOR IN-SERVICE TRAINING (REV. 3/19)**

Fax Completed Form to 207-512-5950

*Recommended: Double Click on line and type information - Clicking Box will apply a check mark*

**ETC\*** Date: \_\_\_ Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMD\*** Date: \_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical ProQA Date: \_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EFD\*** Date: \_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire ProQA Date: \_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NG911\*** Date: \_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ED-Q Universal Date: \_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMD-Q Day Date: \_\_\_

EFD-Q Day Date: \_\_\_ Special Accommodations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AQUA Date: \_\_\_

NG Trainer

Refresher Date: \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ Allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Enroll in Next Available Session Dates*

***\*Ensure new hires have been at their center before enrolling in classes, especially NG911***

**\*Have students review MCJA Rules, e.g.: Dress Code, before arriving for class**

1st 2nd  3rd  4th 5th

First Name: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Meals (B/L/D): \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Lodging (Y/N): \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Agency Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_



**NG911 USER ACTIVATION/DEACTIVATION FORM**

*(Form Fillable – Please type info after fields)*

Today’s Date: Click or tap to enter a date.

PSAP Name: Choose an item.

Requestor Name:

Requestor Title:

Status Request: Choose an item.

User: First Name:

Middle Initial:

Last Name:

Email Address (for ERC alerts):

Role Requested: Choose an item.

Action Requested: Choose an item.

Date to Perform Request: Click or tap to enter a date.

**ESCB USE ONLY**:

APPROVED

DENIED

ESCB NAME: ESCB TITLE:

**STUDENT INSTRUCTIONS**

***(PLEASE ISSUE THESE INSTRUCTIONS TO EVERY STUDENT*)**

**What to Expect**:  Be sure that your agency has submitted your name on a signed Request for In-Service Training Form and that lodging has been requested, if desired and eligible. Each student will be provided a textbook and reference materials. Please **avoid working the late shift before your first training day** as the materials are challenging and you must be alert in class.

**What to Bring**: If your agency issues you a personal copy of the SOP manual for dispatch, bring it as a reference. Be sure to bring a writing utensil, a highlighter and some note paper.

**Security:** Please,no weapons, chemical agents or contraband on-site. Lock vehicles and keep valuables out of plain view. Do not wander into other buildings outside your classrooms, dining hall or library. Building doors lock automatically at 1800 hrs. If lodging at MCJA, dorm students will have access to the rear entry door until 2100 hours (front door locks at 1800 hours).

**Study Assignments & Certification Exam**: Some courses require *Self-Assessment Questions* and *Case Studies* at the end of each chapter. Students will be expected to complete these assignments during the week, which will also serve as a great review in preparation for the written *Certification Exam* on the last day. Passing the exam will earn you certification from the sponsoring agency.

**Attire & Conduct**: Per the Maine Criminal Justice Academy: ‘Students shall be properly dressed in uniform or appropriate attire while enrolled in training programs.  No shorts, cutoffs, jeans, T-shirts, clothing with inappropriate language, ripped or torn clothing is allowed without the express approval of the training supervisor.’

**Delays, Absences & Emergencies**: Try to arrive at least 15 minutes early to find your classroom & settle in. Classes typically end at approx. 1700 hours, half day morning sessions go until 1200. If you are running late or will be absent, call the training coordinator @ 207-441-8308. If inclement weather becomes a travel issue, a cancellation message will be left on the voice-mail greeting by 0600 hours. Every attempt will be made to stay on schedule. If the Executive Branch of State Government is closed, Class is cancelled.

**Class Times:**

ETC 0800-1700, EMD 0800-1700, UNIVERSAL DAY FOR EFD 0800-1115, EFD 0800-1700, ED-Q 0800-1700, EFD-Q 0800-1700, EMD-Q 0800-1700, PROQA MEDICAL 0800-1200, PROQA FIRE 1300-1700, AQUA 0800-1700, NG911 0800-1700.

**Directions:** The Maine Criminal Justice Academy is where our classes are held.  The academy is located approximately 12 miles from Augusta or 7 miles from Winslow.

From the North:Take Interstate 95 south to Exit 127, old exit 33, (Kennedy Memorial Drive). At the end of the ramp, turn left and follow Kennedy Memorial Drive into town. Where Route 137 turns off to the right (after 7th street light) turn onto Route 137. Proceed approximately 1.5 miles to the intersection of Route 201. Turn right onto Route 201. Follow Route 201 for exactly 5 miles to intersection with the Oak Grove Road on the left. Academy is the set of brick buildings on the right.

From the South:  Take I-95 north to **new Exit 113**, cross new bridge to intersection with Rt. 201(2’nd traffic lights). Turn left onto Rt. 201 and travel approximately 8 miles. Watch for the big brick castle on the hill to your right. Turn right onto Oak Grove Road, see church on corner, and right, into the access road.

Classes will be held in the central Classroom & Administration Building (Bld. B).   From the upper parking lot, students will proceed down the sidewalk & enter through the main doors of the lobby, turn right & proceed up the central stairway to the classrooms. There is an elevator off from the lobby for those who require special assistance.  There will be signs to direct you at each doorway.

**Parking:** Parking is occasionally limited, so arrive early. There is a main parking area on your left as you arrive. Also, additional parking is allowed along the access driveway loop, on the side away from the buildings. There is also a parking lot at the rear of the facility, follow the access road around and enter through the back entrance. There are handicapped spaces clearly marked near the entrances of each building. **Contact us if you need any special assistance.**  Please do not use the slots around the turnaround loop near the main walkway.

**Lodging:** Students who have long commutes (i.e. over 1 hour), and require overnight lodging, must receive permission of their agency and apply directly with the 9-1-1 Bureau in advance. Cost of overnight lodging may be covered by the Bureau **if** requested in advance by the agency through the Bureau. *(Students with commutes of 2 hours or more who would like Sunday evening lodging in the Waterville area may request so from the Bureau, if done in advance)*

The Fireside Inn & Suites, located at 376 Main St, Waterville is the preferred location of lodging for students (207-873-3335). Students who are lodging overnight must check out of their room prior to coming to class on the last day.

**Meals & Breaks**: Lunch will be provided each weekday at the academy cafeteria, funded by the Bureau. Students who are residing in a hotel will have the continental breakfast at their hotel, lunch will be provided at the MCJA cafeteria. Dinner, if requested, will be provided at the MCJA cafeteria. We will have coffee breaks morning and afternoon. No open top liquid containers in the classroom please! Bring a personal spill resistant mug or drinking bottle. Lunch break will be 45 minutes long depending upon student consensus and progress in meeting learning objectives**.  Please notify us if you have special dietary needs or limitations.** Please smoke only in designated outside areas.

**Questions:** Questions concerning the training sessions may be directed to:

***Cory Golob*** 9-1-1 Operations Manager

*Work Cell: (207) 441-8308*

*MCJA Office: (207) 877-8068*

Maine Criminal Justice Academy, 15 Oak Grove Rd, Vassalboro, Maine. 04989

Front Office: 207-877-8000