

# FIRST COAST TECHNICAL COLLEGE

## EMERGENCY MEDICAL TECHNICIAN PROGRAM

Revised September, 2010

We are now accepting applications for the next Emergency Medical Technician program. It will be scheduled according to need and will be held at the FCTC Public Safety Academy located at 3640 Gaines Road, St. Augustine, unless noted otherwise. Students who successfully complete the program and pass the Florida state EMT examination will become certified as Florida EMTs and will also be nationally registered.

In order to be eligible to take this course, you must meet the following prerequisites and complete the steps specified herein.

### PREREQUISITES – YOU MUST:

- Complete the Test of Adult Basic Education (TABE), with a minimum grade level equivalency of 10 in reading, math and language. Call 904-824-4401, or visit the FCTC Registration office at 2980 Collins Ave., St. Augustine, Fl 32084, to register for this test. The fee for the test and the school orientation is \$20.00. If you have taken the TABE test within the last two years and achieved 10th grade equivalency, you do not have to retake the test. If you take the TABE at FCTC your test results must be included in your application packet. If you take it elsewhere, the school where you take it must send the results to us in a **sealed** envelope, or it can be faxed by the school to 904-547-3388. If you have an associate degree or above, you are exempt from having to take the TABE. A copy of your college transcript or degree must be included in your application packet.
- Provide a copy of your current Health Care Provider or Professional Rescuer CPR card.
- Provide proof that you are a high school graduate or have a G.E.D. diploma.
- Submit the signed Health Certificate with physical exam results and immunization records, including Hepatitis B vaccination, MMR, tetanus booster. The tuberculin skin test must be current (within one year of the program starting date).
- Provide a copy of your birth certificate or current U.S. passport; copy of Fl. driver license.
- Provide proof of having a negative drug screen. The drug screen must be a 12 panel Lab Corp test. You must pay \$76.00 at Registration in Bldg. A or at the Public Safety Academy office on Gaines Rd. The administrative assistant at the Academy will provide you with a Chain of Custody form which you then take to any Lab Corp facility for testing. The lab will send us the screening results.
- If you have not had an FDLE back ground check within one year, you must get one. The only ones that are acceptable are the Florida Department of Law Enforcement Criminal History or a federal FBI Criminal History. Go on line to the FDLE, give them your vital statistics, pay them \$24 using a credit card and print out the results. Attach the results to your application. Be sure to print the **results**, not the receipt. If you do not have a credit card, you can complete the FDLE form in your packet, writing in your name and phone number where it asks for contact person. Fill in all the blanks in the box at the bottom of the page in order that they can identify you. Do not forget to include \$24. The background results will be returned to FCTC.

**DO NOT APPLY TO THIS PROGRAM IF YOU HAVE A FELONY DRUG CONVICTION, AS YOU WILL NOT BE ACCEPTED TO THE PROGRAM!**

**DO NOT APPLY TO THIS PROGRAM IF YOU HAVE ANY FELONY CONVICTION WITHOUT FIRST TALKING TO PROGRAM DIRECTOR.**

**APPLICATION STEPS**

1. Register for the FCTC Orientation and TABE test (if applicable). You must register in person at Building A on the main FCTC campus. The FCTC Orientation fee is \$20.00
2. Complete the attached EMT application. Attach copies of all documents requested on the check list at the bottom of the page.
3. Submit your completed application to Margo Stevens, EMS Program Director, FCTC North Campus, Gaines Road, St. Augustine . Applications will not be accepted by the EMS office after the posted application deadline. If mailing in the application, send to EMS Programs, 2980 Collins Ave., St. Augustine, Fl 32084. Include application fee of \$10. – check or money order only.
4. You will be placed in the next available position for the next class. Applications are placed on the list in the order that COMPLETED applications are received. The drug screen and background check must be completed prior to your application being submitted. Applications will not be logged in until results are received.
5. You will receive a letter from FCTC announcing the Class Orientation date and time. The first 30 applicants who submit completed applications will be accepted into the program. The next six will be designated as alternates and will be accepted as replacements for those in the first group of 30 who do not attend Orientation. Everyone must attend the orientation which is held several days prior to the beginning of the class.

**IF YOUR APPLICATION IS SUBMITTED INCOMPLETE, YOU WILL NOT BE INVITED TO THE PROGRAM ORIENTATION. NO EXCEPTIONS WILL BE MADE.**

**AUXILLIARY AID**

FCTC provides aids and services for people with disabilities. If you need assistance during the course, please contact your counselor in Building A on the main FCTC campus.

**FINANCIAL AID**

State grants can cover up to 80% of the EMT tuition. Students interested in Financial Aid should go to [www.fctc.edu](http://www.fctc.edu) – click on “Admissions” – then “Financial Aid” for detailed instructions, application websites and required forms. Please be advised that it can take up to two weeks to process an application. Funds will not be authorized until every step is complete, correct and verified. Books, uniforms, etc., are not covered by financial aid. Please plan accordingly. FCTC invites students to contact the Financial Aid office for further information (904-547-3512), and/or visit our website for details.

**DRESS CODE**

Students are required to wear the following during all classes, as well as during all labs and clinical sessions: FCTC EMT student polo shirt, black lace-up shoes, navy slacks (not jeans), black belt, black socks and FCTC-issued name tag.

**APPROXIMATE PROGRAM COSTS (Subject to Change):**

Tuition: (2010-2011)	\$1,230
Text: “Pre-hospital Emergency Care & workbook:	\$127.
Uniform shirt:	\$15-17.50
FISDAP:	\$30.
Stethoscope	\$18.

**Approximate Grand Total = \$1,420**

## FLORIDA RESIDENCY

To qualify as a Florida resident for tuition purposes, a student must have **MAINTAINED** legal residence in Florida for at least 12 MONTHS IMMEDIATELY PRIOR TO REGISTERING FOR A CLASS. You must provide 2 documents to prove you have been a Florida resident for the past 12 months. The documents must include at least one (or both) from Tier 1. The second document can be from Tier 2.

**Tier 1:**

- a. Proof of a permanent home in Florida which is occupied as a primary residence
- b. Florida vehicle registration
- c. Proof of a homestead exemption in Florida
- d. Full-time permanent Florida employment for at least 30 hours per week for a 12 month period
- e. Florida driver's license or Florida identification card
- f. Florida voter registration card
- g. Transcripts from a Florida high school for multiple years if the Florida high school diploma or GED was earned within the last 12 month period

**Tier 2:**

- a. A declaration of domicile in Florida (one year after date filed)
- b. A Florida professional or occupational license
- c. Florida incorporation
- d. A document evidencing family ties in Florida
- e. Proof of membership in a Florida-based charitable or professional organization
- f. Any other documentation that supports the student's request for resident status, including but not limited to utility bills and proof of 12 consecutive months of payments; a lease agreement and proof of 12 months of payments; or an official state, federal or court document evidencing legal ties to Florida

-----  
**CHECK LIST:** (A copy of each of the following must be attached to the application)

- |  |                          |
|--|--------------------------|
| ( ) High school diploma, GED or transcripts    | ( ) Driver's license     |
| ( ) Current CPR card (if available)            | ( ) Negative drug screen |
| ( ) Signed Health certificate w/physical exam  | ( ) Background check     |
| ( ) Immunization records                       | ( ) TABE scores          |
| ( ) Birth certificate or current U.S. passport | ( ) \$10 app. fee        |

**FIRST COAST TECHNICAL COLLEGE**

**HEALTH CERTIFICATE - Emergency Medical Services Programs**

Name:	SS#:
-------	------

Address:
----------

City:	State:	Zip:
-------	--------	------

Home phone: ( )	Cell #: ( )	Work #: ( )
-----------------	-------------	-------------

**Immunization Status: ATTACH COPIES OF ALL IMMUNIZATION RECORDS.**  
On the next page is an explanation of the required documentation for the program. You must provide a copy of these immunizations before you will be admitted into the program.

To the best of my knowledge, I am emotionally and physically capable of fully participating in the EMT program.

_____	_____
Student's Signature	Date

-----

**THE FOLLOWING IS TO BE COMPLETED BY A LICENSED PHYSICIAN**

This is to certify that \_\_\_\_\_ is free from contagious diseases  
(Student's printed name)  
and is physically and emotionally capable of pursuing studies leading to certification as an emergency medical technician.

_____	_____
Physician's printed name	Date

\_\_\_\_\_  
Physician's signature

Address \_\_\_\_\_

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

# FIRST COAST TECHNICAL COLLEGE

## Immunization Criteria – EMS Programs

**MMR:** Documented proof of immunity to measles and rubella is mandated by the State of Florida. Immunity is defined as follows:

- If born before 1957, you are exempt from the law.
- Documentation of receipt of two (2) doses of live measles vaccine after the first birthday and no less than one month apart (inactivated measles vaccine was not available in the U.S. from 1963-1967 and is therefore not acceptable).
- Physician-diagnosed measles and rubella with physician-certified data, including month and year of diseases.
- Report of immune titer (blood test), which verifies immunity.

**Rubella** (German measles):

- Report of immune titer (blood test) providing immunity (certificate to include month, day and year) or born before 1957.

**Mumps:** Immunization is included in the MMR vaccine and is recommended.

**DPT, DT, TD or tetanus toxoid:** tetanus immunization must be current. If you have not had a booster within the last 10 years, you must get another one. It may be either tetanus toxoid or diphtheria/tetanus (DT, TD, DTap).

**TB test (PPD):** must have been tested within one year. It must stay current through the end of the program. If test reads, or has ever read positive, proof of a negative chest x-ray must be provided.

<b>Tuberculin Skin Test (PPD)</b>	
Name_____	SSN_____
This is to certify that the student listed above was given a tuberculin skin test:	
Date given_____	LFA_____ RFA_____
Given by_____	Signature_____
Print Name	
<b>Skin Test must be read 48-72 hours after test</b>	
Date read_____	Results_____mm
Read by_____	Signature_____
Print Name	

**FIRST COAST TECHNICAL COLLEGE - EMS PROGRAMS**

**Hepatitis B Vaccine**

Hepatitis B is a serious infection of the liver caused by the Hepatitis B virus. It can be contracted through exposure to blood or other body fluids. Immunity to HBV may be gained from vaccination against the virus. As it takes a considerable amount of time to develop the necessary antibodies to the disease, the vaccine is given in a series of three injections (initial, 1 month and 6 months). FCTC requires that the EMT or Paramedic student begin the series as soon as possible prior to the beginning of the program and that the series be continued as directed. This series is a requirement rather than a suggestion because hospitals and EMS services utilized for clinical rotations and field experience will no longer allow students to work at their facilities without having the HBV series. If you have had the series previously, it is recommended that you have a Hepatitis B titer performed to ensure you have immunity to the disease. The vaccine and titer testing can be obtained through many private health care providers.

It is a **REQUIREMENT** that any student enrolled in the EMT or Paramedic program must obtain the HBV series, provide documentation of having had the series previously or provide proof from a licensed medical laboratory that the student's Hepatitis B titer shows immunity to the disease.

Student Name _____ SSN _____				
<b>Hepatitis B Record</b>				
Inj. #	Date	Amt.	Injection site	Administered By
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____



Date \_\_\_\_\_  
Rec'd By \_\_\_\_\_  
Check # \_\_\_\_\_

**FIRST COAST TECHNICAL COLLEGE**  
2980 Collins Avenue  
St. Augustine, FL 32084  
904-824-4401

**EMERGENCY MEDICAL TECHNICIAN APPLICATION**

Please check one: Day Class \_\_\_\_\_ Evening Class \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI Maiden/Other Names

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Apt. # City/State/Zip Code

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
Name

Circle highest grade completed: 11 12 College: 1 2 3 4 years Grad. Sch. years \_\_\_\_\_

Prior **medical training**? ( ) yes ( ) no If "yes" complete the following:

Name of School _____ City/State _____
Name of Program _____ Attendance Dates _____
Reason for Leaving Program _____

**Email address:** \_\_\_\_\_

Current CPR certification: ( ) American Heart Assn., Health Care Provider  
( ) American Red Cross, Professional Level  
( ) Or Equivalent  
Note: lay-person CPR is not acceptable.

Employment Experience (List most current employment first)

Employer	Address	Phone	Dates	Position

**FIRST COAST TECHNICAL COLLEGE**  
**Attention: EMS Programs**  
**2980 Collins Avenue**  
**St. Augustine, FL 32084**

**TRANSCRIPT REQUEST**

Please send or take this form to school from which you are requesting records.

TO: Registrar's Office

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Please print clearly the  
name and address of school.

I was last enrolled in your institution during the \_\_\_\_\_ school year. I was enrolled  
in the \_\_\_\_\_ grade.

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Previous Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Please forward a copy of my official transcript/proof of high school graduation to the  
above school. **Please return this form with transcript.**

If you have any questions, you may contact me at:

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: If you have a legible copy of your college and/or high school diploma, it is  
NOT necessary to get transcripts.**

