

FIRST COAST TECHNICAL COLLEGE

PARAMEDIC APPLICATION PACKET

Revised September, 2010

TO PROSPECTIVE STUDENTS

This information packet was developed to assist you in applying for the Paramedic I Course. Paramedic I is the first of three courses that comprise the Paramedic Program. It consists of 324 hours of the 1144 hours required for completion of the Paramedic Program. Components of the total program consist of classroom, laboratory, hospital clinicals and field internship. Successful completion of Paramedic I is required for admittance into Paramedic II and III. Upon successful completion of the three phases of the program you will receive a certificate and be eligible to sit for the Florida Paramedic certification exam. To be considered for admittance into Paramedic I, you must complete all of the steps included in this packet.

PREREQUISITES – You must:

1. Have completed 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 FCTC Registration at 2980 Collins. Avenue, St. Augustine, FL 32084, to register for this test. The registration fee is \$20.00. If you have taken the TABE within the last two years, and achieved the required grade, you do not have to re-take it. If you have an A.A., A.S. degree or higher, you are exempt from taking the TABE. A sealed copy of your college transcripts or degree must be included in your application packet.
2. Hold current Professional Rescuer or Healthcare Provider CPR card.
3. Have a high school diploma or G.E.D. A Transcript Request form is included in this packet.
4. Hold current Florida EMT certification. A provisional EMT (one who has completed the EMT course and has **applied** to take the **Florida EMT** exam) may be admitted as an alternate.
5. Submit the enclosed, signed Health Certificate with physical exam and immunization records, including proof of Hepatitis B series, MMR, tetanus booster and a current TB test (within one year).
6. Be interviewed and approved by the Program Medical Director and EMS Program Director.
7. Attend Program Orientation that is held approximately one week prior to the beginning of the program.
8. Provide proof of having had a negative drug screen and a FDLE background check within the last year. The drug screen must be a 12 panel Lab Corp test. You must pay \$76 at Registration in Bldg. A, or at the Public Safety Academy on Gaines Rd. The administrative assistant at the Academy will provide you with a chain of custody form which you will then take to Lab Corp, 105 South Park Blvd., St. Augustine, for testing.
* If you have not had an FDLE background check within one year you must get one. The only ones that are acceptable are the Florida Dept. of Law Enforcement Criminal History or a federal FBI Criminal History. Go on line to the FDLE, give them your vital statistics, pay \$24 using a credit card and print out the results. Be sure to print out the **results**, not the receipt! Attach the results to your application. 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 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 check 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 INTO THE PROGRAM!

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

SPECIAL NOTE: prospective students are encouraged to complete a course in Anatomy and Physiology and Medical Terminology before enrolling in the Paramedic Program.

APPLICATION STEPS:

1. Register for the School Orientation/TABE Test (if applicable). You may register in person in Building A on the main campus located at 2980 Collins Ave., St. Augustine, FL. If you wish to register by phone, please call 824-4401. The registration fee is \$20.00 which can be paid by credit card over the phone.
2. Complete the attached Paramedic application. Attach copies of each document requested in the Applicant Check List. No one whose application is incomplete will be accepted into the program.
3. Once completed, mail the packet to the EMS Program Director, 2980 Collins Ave., St. Augustine, FL 32084. If hand-delivering your application, bring to the FCTC Public Safety Training Academy, Gaines Rd., St. Augustine, FL 32084. Application fee is \$10 and must be paid by check or money order only. You need to pay \$73.00 for the drug screening as soon as you make the decision to apply to the program.
4. Applications will not be accepted after the posted application deadline.
5. You will be placed on the list for the next Paramedic I Course only after your application is complete, including TABE results, background check and drug screening. The first 30 on the list who are approved by the medical director will be admitted into the program. The data base is ranked as follows: fire-rescue agency sponsorship, date of application, provisional EMT-B. Once you are registered as a student in the Paramedic I course and successfully complete the Paramedic I phase of the program, you do not have to re-apply for acceptance into Paramedic II and III.
6. You will receive a letter from FCTC telling you the date and time to come for an interview with the medical director.
If you wish to be considered for the program, you must attend the orientation/ interview.
7. If you are accepted into the program but are unable to attend at this time, your application can be held for the next class but you must notify the administrative assistant of your decision. If you do not wish to enroll in the next class, your application will be deactivated and you will have to reapply for a future class.

COURSE SCHEDULES:

The complete Paramedic program (Paramedic I, II and III) is 11 months long and 1144 hours. Classes are conducted on 24/48 shift schedules (every third day). Classes and labs are held at the FCTC North Campus, from 9:00 am through 6:00 pm, except weekends and holidays. Hospital clinical hours may be scheduled 7 days/week at specified St. Johns, Putnam, and Duval county hospitals. Field experience is gained with emergency services in St. Johns, Putnam and Clay Counties.

FINANCIAL AID

The Federal Pell grant and/or state grants can cover up to 100% of the Paramedic tuition. Students interested in Financial Aid should go to 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 (904-547-3511, 12) for more information and/or visit the website for details.

PROGRAM COST ESTIMATES (subject to change)

Tuition: (2011-2012)		Total	\$4,256
	Paramedic I	1,470	
	Paramedic II	1,430	
	Paramedic III	1,356	
Books:	“Essentials of Paramedic Care”, 2 nd Ed., workbook, test prep		\$235.
	“Rapid Interpretation of EKGs		\$35.50
	“eACLS workbook		\$22.
	FISDAP		\$80.
	PALS/PEPP		\$47.60
	Paramedic Lab Manual		\$49.50
	Uniform shirt		\$15 - 16.25
	Uniform pants		\$33.75

Further Candidate Eligibility

Acceptance into the Paramedic Program is ranked as follows and is contingent on the approval of the program medical director:

1. Fire/Rescue/EMS agency sponsorship
2. Student resides in St. Johns, Putnam or Clay County
3. Date completed application submitted
4. Provisional EMT-B

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 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 (can be both) from Tier 1. The second document can be from Tier 2.

Tier 1:

- a. Proof of a permanent Florida home which is occupied as a primary residence
- b. Florida vehicle registration
- c. Proof of homestead exemption in Florida
- d. Full-time employment in Florida for at least 30 hours/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 submitted with application.

- | | |
|---|---|
| 1. High school diploma, GED or transcripts | 2. TABE scores |
| 3. Current CPR card, if available | 4. \$10 application fee |
| 5. Signed Health Certificate w/ physical exam | 6. Florida driver license |
| 7. Immunization records | 8. Negative 12 panel professional drug screen |
| 9. Birth certificate or CURRENT passport | 10. FDLE background check |

FIRST COAST TECHNICAL COLLEGE EMS PROGRAMS

HEALTH CERTIFICATE

Name _____ SS# _____

Address _____

City _____ State _____ Zip code _____

Home phone () _____ Work phone () _____ Cell () _____

Attach copies of immunization records. On the next page in this packet is an explanation of the required documentation for the EMS program. You must provide a copy of these immunizations before you will be admitted into this program.

To the best of my knowledge, I am emotionally and physically capable of full participation in the EMS program indicated.

Student Signature

Date

THIS PORTION TO BE COMPLETED BY A LICENSED PHYSICIAN:

This is to certify that _____ is free from contagious diseases and is physically
Student name (printed)

and emotionally capable of pursuing studies leading to certification as an EMT or Paramedic.

Date

Physician Name (printed)

Physician's Signature

Address _____ City _____

State _____ Zip code _____

Rec'd by _____

Date _____
Check # _____

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

PARAMEDIC APPLICATION

Name _____
Last First M. Initial Maiden/Other Name

Social Security # _____ Date of Birth _____ Place of Birth _____

Address _____
Street Apt.# City State Zip code

Phone _____ / _____ / _____
Home Work Cell Pager

Emergency Contact _____ Phones _____ / _____
Name

Email address _____ **It is critical that we have this!**

Circle Highest Grade Completed: 12 G.E.D. College: 1 2 3 4 yr. Grad. Level 1 2 3 yr.

Prior **Paramedic** Training? () yes () no if "yes", please complete the following:

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

List courses taken since high school:

_____	_____
_____	_____
_____	_____

Current CPR Certification: () ARC, Professional level () AHA, Health Care Provider () Other _____

Employment Experience: List most recent/current employment first.

Employer	Address	Phone	Dates	Position

The U.S. Employment Service has identified the following physical abilities for Paramedics: medium strength requirements – 50 lbs. maximum, 25 lbs. frequently, and the ability to lift, carry, push and pull. The ability to reach, handle, finger, feel, talk, hear, see, climb, balance, stoop, kneel and crouch is also required.

Are you declaring a disability/handicap? () yes () no If yes, specify _____

Briefly state why you have chosen emergency medical services as a profession _____

Have you ever been convicted of a crime, found guilty, or entered a plea of no contest to a crime other than a traffic violation?

() yes* () no If yes, please explain _____

*A copy of 64J-1 of the Florida Administrative Code entitled “Convicted felons Applying For EMT or Paramedic Certification or Recertification” is available upon request at the FCTC Public Safety Training Academy, 3640 Gaines Road, St. Augustine, Fl, or by calling 904-823-3951.

I verify that all information contained in this application is true and correct. I authorize the First Coast Technical College to contact former employers and educational institutions listed herein, and further authorize employers and schools to release information to the officials of the First Coast Technical College concerning my performance and progress while in their employ or enrolled in their programs.

Signature of Applicant

Date

The following information is requested, but is not used in the eligibility process.

Applicant’s Gender: () male () female

Race: () White, non-Hispanic () Black, non-Hispanic () Asian/Pacific Islander

() Hispanic () American Indian/Alaskan () Multi-Racial

() Other _____

Are you a United States Citizen? () yes () no

Is English your second language: () yes () no

FIRST COAST TECHNICAL COLLEGE

Immunization Criteria – EMS Programs

MMR: Documented proof of immunity to measles (rubeola) and rubella is mandated by the state of Florida. Immunity is defined as follows:

- If you were born before 1957, you are exempt from the law.
- Documentation of two (2) doses of live measles/rubella vaccine after the first birthday and no less than one month apart.
- Physician-diagnosed measles and rubella with physician-certified data, including month and year of diseases.
- Report of immune titer (blood test), which verifies immunity.

Mumps: Immunization is included in the MMR vaccine and is recommended unless you are positive you had the mumps as a child.

DTaP, DT, TD or tetanus toxoid: Tetanus immunization must be current. If you have not had a booster in the last 10 years, you must get one.

TB Test (PPD): You must have had a skin test within one year of the class starting date. It must stay current through the end of the class. If test reads positive, or has ever read positive, proof of a negative chest x-ray must be provided.

Tuberculin Skin Test (PPD)	
Name _____	SSN _____
This is to certify that this student was given a tuberculin skin test:	
Date given _____	LFA _____ RFA _____
Given by _____ Print name	Signature _____
Skin test must be read 48-72 hours after test	
Date read _____	Results _____ mm
Read by _____ Print name	Signature _____

FIRST COAST TECHNICAL COLLEGE – EMS PROGRAMS

Hepatitis B Vaccine

Hepatitis B is a serious viral infection of the liver. 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 an EMT or Paramedic student begin the series as soon as possible prior to the beginning of the program and that the series be completed as directed. This series is a requirement rather than a suggestion because hospitals and pre-hospital services utilized for clinical rotations and field experiences 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 done to ensure you have immunity to the disease. The vaccine and titer testing can be obtained through many health care providers.

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

FIRST COAST TECHNICAL COLLEGE EMS PROGRAMS

A criminal background check through the Florida Department of Law Enforcement must be completed prior to registering for the EMT or Paramedic program. The cost of the background check is \$24.00. Payment can be made with a credit card directly through the website, www.fdle.state.fl.us/criminalhistory, and a copy of your history printed for your student file. If you prefer, you may send in this form to the FDLE with your check for \$24.00 made payable to the FDLE. Include a stamped envelope addressed to the First Coast Technical College EMS Programs. Mail to:

**Florida Department of Law Enforcement
Criminal Record Inquiry Section
Criminal Justice Information System
P.O. Box 1489
Tallahassee, FL 32302**

Complete the following information (print):

Name _____ Sex: M _____ F _____
Last First MI

Other names known by: _____

Race: White _____ Black _____ Asian _____ American Indian _____ Other _____

Date of birth: ____/____/____ Social Security Number: ____/____/____

Current address: _____

Signature signifies authorization to release information to prospective employers.

FDLE: Please return results to: First Coast Technical College, 2980 Collins Ave., St. Augustine, FL 32084

Application revised 12/11