EMT (Emergency Medical Technician) APPLICATION

Dear Prospective Student:

We are now accepting applications for the next Emergency Medical Technician course. The course will be scheduled according to need and will be held at the FCTC Public Safety Academy located at 3640 Gaines Road, St. Augustine, unless otherwise noted. We offer both day and evening classes for your convenience.

In order to be eligible for this class you must meet the following prerequisites and complete the steps listed in the Enrollment Process below.

**PREREQUISITES:**

- High school diploma or equivalent
- Provide a copy of your current AHA Health Care Provider or American Red Cross Professional Rescuer CPR card OR register and pay $45.00 for our CPR class (paid at the time you turn in your application), CPR is held the same day as Orientation
- Submit the signed Health Certificate (included in this packet) 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 program starting date)
- Birth certificate or current U.S. passport (If the name on your birth certificate is different than your driver’s license or any other documentation, you MUST provide proof of name change.)
- Current driver’s license
- Negative drug screen WITHIN 6 MONTHS OF CLASS START. (Must be AT LEAST an 8 panel or higher, by a physician of your choice) **Results must be emailed or faxed directly to us by the lab or physician.** Our fax number is: (904) 547-3537.
- FDLE background check within one year. Using a credit card, go online to the Florida Department of Law Enforcement at: [https://web.fdle.state.fl.us/search/app/default](https://web.fdle.state.fl.us/search/app/default) (cost is $24.00) Attach the results to your application. Be sure to print the **RESULTS** – not the receipt.

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

**THIS PROGRAM REQUIRES CLOSE CONTACT WITH CHILDREN. PURSUANT TO FCTC’S POLICIES, CONVICTED AND/OR REGISTERED SEXUAL OFFENDERS WILL NOT BE ADMITTED TO THIS PROGRAM.**
ENROLLMENT PROCESS

1. Meet with a Student Advisor (located at the Main Campus) to discuss your career goals and educational needs. (Strongly Recommended)

2. Register and pay for TABE Testing (Students who have an exemption from TABE Testing Requirements are encouraged to test regardless. TABE Testing may add points to admission scoring as well as help FCTC provide the most appropriate level of support for students in the program.)

3. Complete the enclosed student application. Attach a copy of each document listed on the Application Checklist. Bring the application to any campus and be prepared to pay:

   a. $10.00 Application Fee
   b. $45.00 for CPR class (if needed)

   *A COMPLETED application means ALL REQUIRED DOCUMENTS and ALL REQUIRED TEST RESULTS are turned in!*

4. All applicants will be ranked on a point system basis as summarized later in this document. Primary and alternate candidates selected based on highest points will be invited to attend the orientation session. Incomplete applications, failure to be present when the orientation begins (on time!), or missing the orientation session will usually result in the space being given to the next alternate candidate.

5. If you plan on applying for Financial Aid, complete the online FAFSA and other required documents, which can be downloaded from our website, or picked up at the college. You can start the Financial Aid process at any time. You do not have to wait for your orientation, TABE test, or program application to be done.

6. All remaining fees must be paid following Orientation, prior to class start. Failure to complete the registration process and pay all required fees in a timely manner may result in your losing your seat to a wait list candidate.

Registration hours

DO NOT MAIL ANYTHING TO THIS ADDRESS:

First Coast Technical College
Public Safety Campus
Monday through Friday from 8:00am to 5:00pm
3640 Gaines Road * St. Augustine * Florida
Phone: (904) 547-3542
Fax: (904) 547-3537
ronnette.waycaster@fctc.edu

Main Campus/MAILING ADDRESS:
Monday through Friday from 8:00am to 5:00pm
2980 Collins Avenue * St. Augustine * Florida
Phone: (904) 547-3381 or 547-3383
ACCEPTANCE INTO THE PROGRAM
Once you have completed the application process and provided all valid/current documentation, you will be ranked based on the point system. Candidates will then be invited to attend orientation, starting with those who have the highest score, and who have met the minimum points required for program entrance. Those with incomplete applications on the orientation date will be considered only after all those with fully complete applications have been placed. A copy of the full admission ranking process is on file and available for review at the Public Safety Campus Office.

ORIENTATION
Attendance at the Orientation is mandatory in order for you to be considered for the program and will be held approximately two to four weeks before classes begin. Those who are late for orientation will be moved to the back of the list, and considered after any alternates who were on time for orientation. You must be ranked for orientation and selected for program entrance before you will be allowed to register for the course.

AUXILIARY AID
FCTC provides aids and services for people with disabilities. If you need assistance during the course, please contact your Student Advisor in Building A, at the main FCTC campus.

FINANCIAL AID
FCTC encourages all students to apply for financial aid. Please visit our website at www.fctc.edu for detailed instructions & the required forms packet. Or, you can pick up the instructions & forms at any campus. You can start the Financial Aid process at any time. You do not have to wait for your orientation, TABE test, or program application to be done. Applying for financial aid & determining eligibility usually takes 1-2 weeks. If you have questions, or would like additional assistance, please call 904.547.3511 or email Christine.Mills@fctc.edu.

*For those who qualify – Some State Grants can cover up to 80% of tuition.

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 leather shoes or uniform boots, navy slacks (not jeans), black belt, black socks and FCTC-issued name tag. Additional details pertaining to dress code will be provided during orientation.
# APPLICATION CHECKLIST

Prior to submitting your application, make one copy of each item below and attach them to your application.

<table>
<thead>
<tr>
<th>Item</th>
<th>Completion Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) High school diploma, GED or transcripts</td>
<td>( ) Driver’s license</td>
</tr>
<tr>
<td>( ) Current CPR card (or registered for our CPR class)</td>
<td>( ) Negative drug screen (8 panel or higher)</td>
</tr>
<tr>
<td>( ) Signed Health Certificate/physical exam</td>
<td>( ) Background check (see page 1 for instructions)</td>
</tr>
<tr>
<td>( ) Immunization records</td>
<td>( ) $10.00 application fee</td>
</tr>
<tr>
<td>( ) Birth certificate or current U.S. passport</td>
<td>( ) Proof of name change (if applicable)</td>
</tr>
<tr>
<td>( ) Official Transcripts or other documentation to verify eligibility for additional admission scoring points</td>
<td></td>
</tr>
<tr>
<td>( ) Official Transcripts or other documentation to verify eligibility for additional admission scoring points</td>
<td></td>
</tr>
<tr>
<td>( ) Proof of Florida Residency, for Tuition Purposes (Acceptable documents list attached)</td>
<td></td>
</tr>
</tbody>
</table>
FOR TUITION PURPOSES:

YOU MUST PROVIDE 2 DOCUMENTS TO PROVE YOU HAVE BEEN A FLORIDA RESIDENT FOR THE PAST 12 MONTHS

Tier 1. The documents must include at least one of the following (one must be from Tier 1):

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

Tier 2. The documents may include one of the following:

a. A declaration of domicile in Florida (1 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 consecutive months of payments; or an official state, federal, or court document evidencing legal ties to Florida.

Examples of documents NOT ALLOWED:

a. Hunting/fishing licenses
b. Library cards
c. Shopping club/rental cards
d. Birth certificate
e. Passport
f. Cellular telephone bills

For more specific information on Florida Residency requirements go to:
1. www.FACTS.org
2. Click on Applying for College
3. Click on Residency Guidelines
g. Social Security Card
EMT Application

NOTE: A $10.00 non-refundable/non-transferable application fee must accompany this form.

EMT

☐ Day Class  
Starting Date: ______________________

☐ Evening Class  
Starting Date: ______________________

Name: ________________________________  (Last)  (First)  (Middle Initial)

Mailing Address: __________________________

City: __________________ State: ______ Zip: __________________

Social Security Number: __________________ Date of Birth: __________________

Cell Phone: __________________ Home Phone: __________________

Emergency Contact: __________________ Emergency Phone: __________________

Email Address: __________________ City of Birth: __________________

Year Graduated High School or Obtained Your GED: __________  SEX: ☐ Female  ☐ Male

Are you a Veteran? ☐ Yes  ☐ No  Are you a Registered Sexual Offender/Predator?: ☐ Yes  ☐ No

Please also complete “Race” selection below. Check all that apply:

☐ White  ☐ Black/African American  ☐ Asian

☐ Hispanic/Latino  ☐ American Indian/Alaska Native  ☐ Native Hawaiian or Other Pacific Islander

Medical First Responder Certification: ☐ Yes  ☐ NO

List any current or previous Medical Training:

<table>
<thead>
<tr>
<th>Course</th>
<th>Date Completed</th>
<th>Location</th>
<th>Grade</th>
<th>Reason for Leaving Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please provide proof of Medical Certification or proof that you are either registered or attending a medical course.
<table>
<thead>
<tr>
<th>Employer:</th>
<th>From:</th>
<th>to:</th>
<th>Job Title:</th>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Reason for Leaving:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HEALTH CERTIFICATE - Emergency Medical Services Programs

Name: ___________________________________ SS#: ________________________________

Address: ______________________________________________________________________

City: ___________________________ State: ___________________________ Zip: ____________

Home Phone: ________________________________

Cell Phone: _____________________________ Work Phone: __________________________

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.

_________________________________________ Date

Student Signature

THE FOLLOWING IS TO BE COMPLETED BY A LICENSED PHYSICIAN

This is to certify that ________________________________ is free from contagious diseases and is physically and emotionally capable of pursuing studies leading to certification as an emergency medical technician.

_________________________________________ Date

Physician’s printed name

_________________________________________

Physician’s signature

Physician’s Address: ________________________________

City: ___________________________ State: ____________ Zip: ________________________
Immunization Criteria – EMS Programs
(Many childhood immunizations can be found in your High School transcripts)

**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).

**Influenza**: Proof of current influenza (Flu) vaccination should be submitted if possible. Students are advised that this vaccination may soon be required to complete the program.

**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.

(Completing this form is not required if you already have similar documentation.)

---

**TB (Tuberculin Skin Test/PPD)**

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

**Skin Test must be read 48-72 hours after test**

Date read: _____________________________ Results: _____________________________ mm

Read by: _____________________________ Signature: _____________________________

Print name

Updated October 2015
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.

*NOTE: Students may START the program if they have had only the FIRST vaccination. However, they must receive the 2nd and 3rd vaccinations as scheduled to REMAIN in the program.*

(Completing this form is not required if you already have similar documentation.)

<table>
<thead>
<tr>
<th>Inj. #</th>
<th>Date</th>
<th>Amt.</th>
<th>Injection site</th>
<th>Administered By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Name: __________________________ SSN: __________________________
FISDAP Numbers

Field Internship Student Data Acquisition Project (FISDAP)

FISDAP is a web-based database for tracking EMT and Paramedic student internships both in the hospital and in the field.

A FISDAP number is an activation code that is a unique string of letters and numbers that unlocks your FISDAP account.

Costs of FISDAP numbers are NOT included in the tuition

EMT:
Cost: $30.00

Paramedic:
Cost: $80.00

We accept:
Visa/MasterCard/Discover
Cash
Checks (made payable to FCTC)

*PELL is the only Financial Aid that will cover FISDAP numbers – but ONLY if there is enough left over after paying for tuition, books and uniforms.
Emergency Medical Technician

Selection Criteria/Admissions Scoring for Applicants
This form to be completed by program staff, do not submit.

The applicant must complete the following to be considered for acceptance.

1. Completed application on file, meet all minimum requirements as listed
2. Obtain at least 9 points as outlined below

<table>
<thead>
<tr>
<th>Points</th>
<th>Max Possible Pts</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>15</td>
<td><strong>TABE</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Reading:</strong>&lt; 7 = -10 pts, 7 - 8 = -5 pts 8-9.9 = 0 pts 10-10.9 = 3 pts 11 or &gt; = 5 pts</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Math:</strong>&lt; 7 = -10 pts, 7 - 8 = -5 pts 8-9.9 = 0 pts 10-10.9 = 3 pts 11 or &gt; = 5 pts</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Language:</strong>&lt; 7 = -10 pts, 7 - 8 = -5 pts 8-9.9 = 0 pts 10-10.9 = 3 pts 11 or &gt; = 5 pts</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>TABE - High School Exemption = 5 pts OR College degree = 10 pts</strong></td>
</tr>
<tr>
<td>_____</td>
<td>5</td>
<td><strong>HS / College Anatomy &amp; Physiology, Biology or Chemistry</strong>*</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>B or higher (weighted score) = 5 pts</strong></td>
</tr>
<tr>
<td>_____</td>
<td>3</td>
<td><strong>FCTC Online Course (non-college credit courses)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Anatomy &amp; Physiology or Medical Terminology with passing score within past two years = 3 pts</strong></td>
</tr>
<tr>
<td>_____</td>
<td>3</td>
<td><strong>Work Experience (Max 3 points)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em><em>One year or more in medical field</em> = 3 pts OR</em>*</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>One year or more as certified medical first responder (VFD) = 3 points</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Two year active duty military service (Honorable or General discharge only) 3 pts</strong></td>
</tr>
<tr>
<td>☐ YES</td>
<td>☐ NO</td>
<td><strong>Obtained at least 9 Required Points</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Yes = continue additional points below</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>No = Re-apply</strong></td>
</tr>
<tr>
<td>_____</td>
<td>2</td>
<td><strong>Residency</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Applicant resides within tri-county area (Clay, Putnam, St. Johns) = 2 pts</strong></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td><strong>Total Points</strong></td>
</tr>
</tbody>
</table>

*Program staff to determine if position qualifies.