Fire Fighter / EMT – Combined Application

Dear Prospective Student:

We are now accepting applications for the next Emergency Medical Technician/Firefighter 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.

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:

1. Complete entrance testing/TABE - call FCTC registration to schedule. Cost is $25.00
2. Must be at least 18 years of age to apply
3. High school diploma or equivalent
4. Current driver’s license
5. 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.)
6. 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 certification must be valid through the end of the course.)
7. 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)
8. *Pass a physical examination (MUST use/complete State Fire Marshal form attached)
9. 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.
10. 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.
11. Successfully pass a Physical Ability Assessment Evaluation (There is a fee of $50.00 to participate in this evaluation.)
12. Be a nonuser of tobacco or tobacco products for at least 1 year immediately preceding application
13. All documents listed on the enclosed “Application Checklist” turned in by deadline

*NOTE: The medical examination must be completed no more than 6 months from starting date of the Firefighter I class. The Medical Exam Form must be returned prior to participation in the Physical Ability Assessment Evaluation.*
*PLEASE READ BEFORE APPLYING*

**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.**

Florida Statutes have specific requirements for Firefighter Certification. We suggest you review the statute below to make sure you will be able to obtain certification before deciding to apply.

633.412 Firefighters; qualifications for certification. —

1) A person applying for certification as a firefighter must:

(a) Be a high school graduate or the equivalent, as the term may be determined by the division, and at least 18 years of age.

(b) Not have been convicted of a misdemeanor relating to the certification or to perjury or false statements, or a felony or a crime punishable by imprisonment of 1 year or more under the law of the United States or of any state thereof or under the law of any other country, or dishonorably discharged from any of the Armed Forces of the United States. “Convicted” means a finding of guilt or the acceptance of a plea of guilty or nolo contendere, in any federal or state court or a court in any other country, without regard to whether a judgment of conviction has been entered by the court having jurisdiction of the case.

(c) Submit a set of fingerprints to the division with a current processing fee. The fingerprints will be forwarded to the Department of Law Enforcement for state processing and forwarded by the Department of Law Enforcement to the Federal Bureau of Investigation for national processing.

(d) Have a good moral character as determined by investigation under procedure established by the division.

(e) Be in good physical condition as determined by a medical examination given by a physician, surgeon, or physician assistant licensed to practice in the state pursuant to chapter 458; an osteopathic physician, surgeon, or physician assistant licensed to practice in the state pursuant to chapter 459; or an advanced registered nurse practitioner licensed to practice in the state pursuant to chapter 464. Such examination may include, but need not be limited to, the National Fire Protection Association Standard 1582. A medical examination evidencing good physical condition shall be submitted to the division, on a form as provided by rule, before an individual is eligible for admission into a course under s. 633.408.

(f) Be a nonuser of tobacco or tobacco products for at least 1 year immediately preceding application, as evidenced by the sworn affidavit of the applicant.
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)
   c. $50.00 Physical Agility test fee

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

4. After the physical agility test is conducted, 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 prior to class start, after you have attended orientation. 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, and have successfully completed the entrance agility test, 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 date of the agility test 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 pass the agility test, 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](http://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.

**Tuition**

Please note, unless otherwise indicated, program cost listings are based on Florida Residency Tuition Rates. Applicants who are unable to provide required documentation of Florida Residency for the past 12 months should expect to pay Non Resident Tuition Fees. Please contact Registration for Non Resident Fees.

**DRESS CODE Fire Fighter / EMT**

A dress code that includes wearing a uniform during all classroom, field, and internship activities is in place. It includes limitations on hair, including a prohibition on facial hair that will affect the breathing apparatus face piece seal. Full details on the uniform / appearance policy are provided in the Program policies and procedures document, which will be distributed and discussed in detail during orientation.

**COURSE DESCRIPTION**

The Combined Fire Fighter / EMT Training and Certification Program meets all state requirements to become a State Certified Firefighter and EMT. Upon successful completion of the training program, and passing the State written and practical exams, you will be eligible for a Firefighter Certificate of Compliance provided you meet all legal requirements as outlined in Florida Statue 633.408. A Certificate of Compliance is the required Certification to work in Florida as a paid Firefighter. Provided you meet all other requirements, you will also satisfy the training requirements for the National Registry and Florida EMT certification.

This course requires a dedicated effort from the student in classroom studies, practical activities, and physical agility to reach the high standards that are required to pass the State exams. Written exams and practical evaluations follow each unit of study.
ATTENDANCE
Strict attendance records are maintained, as required by the Bureau of Fire Standards and Training (BFST). The BFST requires that the training center certify that each applicant for Firefighter II certification testing has completed a minimum of 398 hours of overall training. The training center must also verify that each applicant has met the minimum requirements for hours of training in specific subject areas.

Since the firefighter portion of our program is only scheduled for 398 hours due to Department of Education restrictions, a candidate who misses a single hour of class may be ineligible to take the state exam. If possible, the program will attempt to make arrangements for students who have missed 15 hours or less to make up the hours missed. You should understand that there may not be any opportunity to make up hours. If the hours are not made up you will not be certified as having completed the program.

In the EMT portion of the program, you will be permitted to miss not more than sixteen hours. If you know you will be unable to attend all scheduled class sessions, you should consider enrolling in a later class when your schedule will permit complete attendance.

GRADES
A minimum score of 70% is required to pass all firefighter tests. An overall average of 70% or better is required at the end of the firefighter courses for you to be eligible to take the State examination. EMT tests will require a passing score of 75%. Specific details for retaking exams will be given to you in the student handbook that is distributed in class.

PHYSICAL AGILITY ASSESSMENT EVALUATION (Be sure you register/pay for this test $50.00)
Each applicant must successfully pass a two part Physical Agility Assessment Evaluation prior to admittance into the program. This evaluation will be administered prior to Orientation. Applicants will be notified of date(s) and time of evaluation by e-mail. The following items summarize the requirements for this evaluation. Failure of any evolution will result in denial of admission into the program. No second attempts will be allowed on any of the events listed below. The candidate should dress in athletic clothing (long pants; T-shirt, and tennis shoes). No shorts allowed!

PART A: Aerobic Capacity Test: Walk 2 miles while wearing a Self-Contained Breathing Apparatus within 30 minutes or less.

PART B: On-Target Combat Task Test: Must be completed within 7 minutes or less while wearing a SCBA.
1. High-Rise Stair Climb-Ascend the exterior stairwell to the 5th floor while carrying a section of 2 ½” hose
2. Hose Hoist- Hoist a roll of 2 ½” hose to the 5th floor window and pull the hose into the window.
3. Forcible Entry Evolution- Drive a slide 5’ utilizing a 12 pound sledge hammer.
4. Hose Advance Evolution- Drag a charged 1 ¾” hose a total of 75’.
*5. Victim Rescue Evolution- Drag a 125 pound victim a total of 100’ while walking backwards.

*In order to be eligible for entry into the FF II course, the Victim Rescue weight will be increased to 165 pounds
APPLICATION CHECKLIST

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

( ) High school diploma, GED or transcripts  ( ) Driver’s license

( ) Negative drug screen (8 panel or higher)  ( ) Background check (see page 1 for instructions)

( ) Signed Health Certificate/physical exam  ( ) DFS/State Fire Marshal Medical Exam (form attached)

( ) Immunization records  ( ) $10.00 application fee

( ) Birth certificate or current U.S. passport  ( ) Proof of name change (if applicable)

( ) Tobacco Affidavit  ( ) Current CPR card (or registered for our CPR class)

( ) Official Transcripts or other documentation to verify eligibility for additional admission scoring points

( ) Confirmation of payment of ($50.00 for Physical Ability Entrance Evaluation)

( ) Proof of Florida Residency, for Tuition Purposes (Acceptable documents list attached)
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
g. Social Security Card

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
FIRE FIGHTER / EMT – COMBINED Application

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

EMT/FIREFIGHTER □ 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

Are you affiliated with a Fire Department? □ Yes □ No

If yes, give department name: _______________________________________

Department contact person: ___________________ Phone: __________________

List any current or previous Fire Service or Medical Training:

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*Please provide proof of Medical Certification or proof that you are either registered or attending a medical course.
Employment experience – list most recent/current employment first:

Employer: ___________________________ From: _______________ to _______________

Job Title: ________________________________________________________________

Address: ___________________________ City: ___________________________ State ______

Reason for Leaving: ___________________________ Phone: _______________________

Employer: ___________________________ From: _______________ to _______________

Job Title: ________________________________________________________________

Address: ___________________________ City: ___________________________ State ______

Reason for Leaving: ___________________________ Phone: _______________________

Employer: ___________________________ From: _______________ to _______________

Job Title: ________________________________________________________________

Address: ___________________________ City: ___________________________ State ______

Reason for Leaving: ___________________________ Phone: _______________________
TOBACCO AFFIDAVIT

Florida State Statute 633.412 Firefighters; qualifications for certification states:

(1) A person applying for certification as a firefighter must:
(f) Be a nonuser of tobacco or tobacco products for at least 1 year immediately preceding application, as evidenced by the sworn affidavit of the applicant.

Please type or print legibly.

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I confirm I have been a nonuser of tobacco or tobacco products for at least one year immediately preceding application as required by Florida State Statute 633.412.

__________________________________________  __________________________
SIGNATURE                                      DATE

________________________
NOTARIZED

STATE OF FLORIDA
COUNTY OF __________________________

On ______________________, ________ , 20__ (month and day) (year) (Applicant’s Name) personally appeared before me and, ________ who is personally known to me, or ________ who has provided ____________________________ as identification.

________________________
Notary Public Signature

Commission expires: __________________

PLEASE AFFIX SEAL ABOVE
For the medical professional conducting the examination: The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of a firefighter as described on page 2. Authority for this examination is FS 633.34 and is required before an individual starts firefighter training.

This medical examination must be completed by a physician, surgeon, or physician’s assistant per ch. 458; or an osteopathic physician, surgeon, or physician’s assistant per ch. 459; or an advanced registered nurse practitioner per ch. 464.

Examination should include but is not limited to:

- Dermatological system, Cardiovascular system
- Clinical evaluation of 12 lead EKG
- Systolic and Diastolic Blood pressure
- Respiratory system
- Gastrointestinal system
- Endocrine and metabolic systems
- Neurological system

Ears, eyes, nose, mouth, throat
Auditory hearing in the pure tone
Far visual acuity corrected or uncorrected
Peripheral vision
Genitourinary system
Musculoskeletal system

For the medical professional conducting the examination to complete: (Sign in appropriate box)

Based on the results of this medical evaluation, the applicant:

- Has no pre-existing or current condition, illness, injury or deficiencies. The applicant is medically fit to engage in firefighter training.
- Has a pre-existing or current condition, illness, injury or deficiency that presents a safety or health risk in the environment or job functions of a firefighter. The applicant is not medically fit for firefighter training.

Signature

Completion Required (please print)

Name of signature: ____________________________ Date signed: ________________

Office Telephone number: ______________________

Office address: ________________________________
1. Performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting, carrying heavy objects, ventilating roofs or walls using power or hand tools, and forcible entry), rescue operations and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.

2. Wearing an SCBA, which includes a demand valve–type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.

3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.

4. Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more and carrying equipment/tools weighing an additional 20 to 40 lbs.

5. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).

6. Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility.

7. Advancing water-filled 2 ½ diameter hose lines from fire apparatus to occupancy [approximately 150 ft.], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.

8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.

9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.

10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.

11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.

12. Ability to give and comprehend verbal orders while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers), hear alarm signals, hear and locate the source of calls for assistance from victims or other firefighters.

13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.
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: __________

Updated October 2015
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.)*

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**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: ___________________________

Read by: ____________________________  Signature: __________________________

Print name
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.)

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<th>Injection site</th>
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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.
Fire Fighter / Emergency Medical Technician – Combined

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 12 points as outlined below

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<td>Math: &lt; 7 = -10 pts, 7 - 8 = -5 pts 8-9.9 = 0 pts 10-10.9 = 3 pts 11 or &gt; = 5 pts</td>
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<td></td>
<td>Language: &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>TABE - High School Exemption = 5 pts OR College degree = 10 pts</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td><strong>Physical Agility Test</strong></td>
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<td>Walk: &gt;30 minutes = ineligible to enter program</td>
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<td>5 tasks: 5-6 minutes = 3 pts</td>
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<td></td>
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<td>&lt; 5 minutes = 5 pts</td>
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<tr>
<td>5</td>
<td></td>
<td><strong>HS / College Anatomy &amp; Physiology, Biology or Chemistry</strong></td>
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<td>B or higher (weighted score) = 5 pts</td>
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<td>3</td>
<td></td>
<td><strong>FCTC Online Course (non-college credit courses)</strong></td>
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<td>Anatomy &amp; Physiology or Medical Terminology with passing score within past two years = 3 pts</td>
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<tr>
<td>3</td>
<td></td>
<td><strong>Work Experience (Max 3 points)</strong></td>
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<td>One year or more in medical field* = 3 pts OR</td>
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<td></td>
<td>One year or more as certified medical first responder (VFD) = 3 points</td>
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<td></td>
<td></td>
<td>Two year active duty military service (Honorable or General discharge only) 3 pts</td>
</tr>
<tr>
<td>□ YES</td>
<td>□ NO</td>
<td><strong>Obtained at least 12 Required Points</strong></td>
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<td>Yes = continue additional points below</td>
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<tr>
<td></td>
<td></td>
<td>No = Re-apply</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td><strong>Residency</strong></td>
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<td></td>
<td>Applicant resides within tri-county area (Clay, Putnam, St. Johns) = 2 pts</td>
</tr>
</tbody>
</table>

Total Points 33

*Program staff to determine if position qualifies.