



PARAMEDIC APPLICATION

We are now accepting applications for the next Paramedic 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.

PREREQUISITES:

- Completed TABE (Test of Adult Basic Education - \$25.00 - call the main campus to register 904-547-3282)
NOTE: Students who do not meet Florida's TABE exemption requirements must score at least a 10.0 in each section to graduate from the program. However, ALL applicants must present TABE scores for the admissions scoring process, and to help FCTC staff identify those who will need additional assistance to complete the program.
- Current AHA Health Care Provider or American Red Cross Professional Rescuer CPR card
- High school diploma or equivalent (Proof of college degree acceptable as alternative.)
- 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. Must provide documentation of your test date.
- Submit the signed Health Certificate with physical exam results and immunization records, including Hepatitis B vaccination, MMR, TB (tetanus booster). The tuberculin skin test must be current (within one year of the program start date). Current Influenza Vaccination
- Be interviewed and approved by the Program Medical Director and EMS Program Director/Lead Instructor
- Negative drug screen WITHIN 6 MONTHS OF CLASS START. (Must be AT LEAST an 8 panel or higher – from a lab/physician of YOUR choice) **Results must be mailed or emailed directly to us by the lab or physician.**
- 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> (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!

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

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.

SPECIAL NOTE:

Prospective students are encouraged to complete a course in Anatomy and Physiology and Medical Terminology before enrolling in the Paramedic Program.

Registration hours

Monday through Friday from 9:00am to 5:00pm

Public Safety Academy

3640 Gaines Road * St. Augustine * Florida

Phone: (904) 547-3542

ronnette.waycaster@stjohns.k12.fl.us

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 Applicant Checklist, bring the application to the Public Safety Campus (3640 Gaines Road, St. Augustine, FL 32084) and pay the \$10.00 Application Fee.

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. Final selection and acceptance into the program will be determined by the Program Director and Program Medical Director based on applicant scoring and individual interviews conducted at Orientation.
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.

ADVANCED PLACEMENT POLICY:

Advanced placement or credit for experiential learning are not available for the Paramedic Program at First Coast Technical College. Students enrolled in the Paramedic Program must complete the program in its entirety at FCTC.

COURSE SCHEDULES:

The complete Paramedic program (Paramedic I, II and III) is 11 months long and 1100 hours. Classes are conducted on 24/48 shift schedules (every third day). Classes and labs are held at the FCTC Public Safety Campus, from 9:00 am to 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

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 application 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 fctcfinancialaid@stjohns.k12.fl.us

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
- () Florida driver's license
- () Current CPR card (or registered for our CPR class)
- () Negative drug screen (8 panel or higher)
- () Signed Health Certificate w/physical exam
- () Background check (see page 1 for instructions)
- () Immunization records
- () \$10.00 application fee
- () Birth certificate or current U.S. passport
- () TABE Test (or registered to take the exam)
- () Official Transcripts or other documentation to verify eligibility for additional admission scoring points
- () 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



Paramedic Program Accreditation

The Emergency Medical Technician – Paramedic Education Program at First Coast Technical College has a Certificate of Approval from the Florida Department of Health, Bureau of Emergency Medical Services.

The Paramedic Program at First Coast Technical College is also accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions.



Commission on Accreditation of Allied Health Education Programs

1361 Park Street

Clearwater, FL 33756

727-210-2350

www.caahep.org

Prospective Paramedic students should be aware that graduating from any Florida certified training center will allow them to take the Florida Paramedic certification examination. However, for students entering a Paramedic program after January 1, 2013, only those students who graduate from a CAAHEP accredited program (or one that holds a CoAEMSP “Letter of Review”) will be eligible to take the National Registry (NREMT) paramedic certification exam.

Since many states now require NREMT Paramedic certification as a requirement for state certification, graduating from a non-accredited program may limit your ability to become certified in other states. See the link below for more information.

http://www.nremt.org/nremt/about/para_accred_implementation_policy.asp

FIRST COAST TECHNICAL COLLEGE
2980 COLLINS AVENUE
ST. AUGUSTINE FL 32084

Date: _____
 Time: _____
 By: _____
 Rcpt #: _____
 FOCUS ID _____

Paramedic Application

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

Paramedic

Starting Date: _____

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Emergency Contact: _____ Emergency Phone: _____

SEX: Female Male

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

List any current or previous Medical Training:

Course	Date Completed	Location	Grade	Reason for Leaving Program

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: _____

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.)

I verify that all information contained in this application is true and correct. I authorize 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 FCTC concerning my performance and progress while in their employ or enrolled in their programs.

Signature of Applicant

Date

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 paramedic program.

Student Signature

Date

THE FOLLOWING IS TO BE COMPLETED BY A LICENSED PHYSICIAN

This is to certify that _____ is free from contagious diseases and
Print Student's Name
is physically and emotionally capable of pursuing studies leading to certification as a paramedic.

Physician's printed name

Date

Physician's signature

Physician's Address: _____

City: _____ State: _____ Zip: _____

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.

Varacella (Chicken Pox):

- by positive history of chickenpox or Varicella vaccination

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. Must be current during the Flu season (October thru March).

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

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.)

Student Name: _____ SSN: _____

Hepatitis B Record

<u>Inj. #</u>	<u>Date</u>	<u>Amt.</u>	<u>Injection site</u>	<u>Administered By</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

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.*

Paramedic

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

<u>Points</u>	<u>Max Possible Pts</u>	<u>Category</u>
_____	15	<p><u>TABE</u> <u>Reading:</u> < 7 = -10 pts, 7 - 8 = -5 pts 8-9.9 = 0 pts 10-10.9 = 3 pts 11 or > = 5 pts <u>Math:</u> < 7 = -10 pts, 7 - 8 = -5 pts 8-9.9 = 0 pts 10-10.9 = 3 pts 11 or > = 5 pts <u>Language:</u> < 7 = -10 pts, 7 - 8 = -5 pts 8-9.9 = 0 pts 10-10.9 = 3 pts 11 or > = 5 pts TABE - High School Exemption = 5 pts OR College degree = 10 pts</p>
_____	4	<p><u>EMT Status</u> Current Florida EMT certification = 3 pts FCTC EMT Program graduate (within 3 months) = 1 point</p>
_____	5	<p><u>HS / College Anatomy & Physiology, Biology or Chemistry*</u> B or higher (weighted score) = 5 pts</p>
_____	3	<p><u>FCTC Online Course (non-college credit courses)</u> Anatomy & Physiology or Medical Terminology with passing score within past two years = 3 pts</p>
_____	5	<p><u>Work Experience (Max 5 points)</u> One year or more employed as an EMT with an ALS licensed field provider =5 pts One year or more employed as an EMT/ER Tech = 3 pts</p>
_____	3	<p><u>Military Experience</u> Two year active duty military service (Honorable or General discharge only) 3 pts</p>
_____	2	<p><u>Firefighter (max 2 points)</u> State Certified Firefighter = 1 points FCTC Fire graduate = 1 points</p>
<input type="checkbox"/> YES <input type="checkbox"/> NO		<p><u>Obtained at least 12 Required Points</u> Yes = continue additional points below No = Re-apply</p>
_____	2	<p><u>Residency</u> Applicant resides within tri-county area (Clay, Putnam, St. Johns) = 2 pts</p>
	36	<p><u>Total Points</u></p>

*Program staff to determine if position qualifies.