PARAMEDIC APPLICATION

Dear Prospective Student:

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) with a minimum grade level equivalency of 10 in reading, math and language. If you have an associates or higher degree, you are exempt from taking the TABE. A sealed copy of your college transcripts or diploma copy must be included in your application, along with $25.00.
- A copy of your EMT license must be included in your application, along with $25.00
- 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).
- 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 emailed or faxed 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 8:00am to 5:00pm
North Campus/Public Safety Academy
3640 Gaines Road * St. Augustine * Florida
Phone: (904) 547-3542
Fax: (904) 547-3537
ronnette.waycaster@fctc.edu

Updated October 2015
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 North 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 christine.mills@fctc.edu.
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
( ) 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 proof of college degree
( ) 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
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
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: ______________________

Emergency Contact: __________________ Emergency Phone: __________________

Email Address: ______________________

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:

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

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:

<table>
<thead>
<tr>
<th>Employer</th>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Reason for Leaving</td>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>

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

Updated October 2015
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.

_________________________________________  __________________________
Student Signature  Date

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.

_________________________________________  __________________________
Physician’s printed name  Date

Physician’s signature

Physician’s Address: ________________________________

City: __________________________ State: __________ Zip: __________

Updated October 2015
**Immunization Criteria – EMS Programs**

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

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

**Rubella** (German measles):

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

**Mumps**:

- Immunization is included in the MMR vaccine and is recommended.

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

**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: __________________________

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

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

<table>
<thead>
<tr>
<th>Points</th>
<th>Max Possible Pts</th>
<th>Category</th>
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<tbody>
<tr>
<td>_____</td>
<td>15</td>
<td>TABE</td>
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<td></td>
<td></td>
<td>Reading:</td>
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<td>Math:</td>
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<td>Language:</td>
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<td>TABE - High School Exemption = 5 pts OR College degree = 10 pts</td>
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<td>_____</td>
<td>4</td>
<td>EMT Status</td>
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<td>Current Florida EMT certification = 3 pts</td>
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<td>FCTC EMT Program graduate (within 3 months) = 1 point</td>
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<td>_____</td>
<td>5</td>
<td>HS / College Anatomy &amp; Physiology, Biology or Chemistry*</td>
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<td>B or higher (weighted score) = 5 pts</td>
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<td>FCTC Online Course (non-college credit courses)</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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<td>Work Experience (Max 5 points)</td>
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<td>One year or more employed as an EMT with an ALS licensed field provider = 5 pts</td>
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<td>One year or more employed as an EMT/ER Tech = 3 pts</td>
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<tr>
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<td></td>
<td>Two year active duty military service (Honorable or General discharge only) = 3 pts</td>
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<tr>
<td>□ YES  □ NO</td>
<td>Obtained at least 12 Required Points</td>
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<td>Yes = continue additional points below</td>
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<td>No = Re-apply</td>
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<td>Residency</td>
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<td>Applicant resides within tri-county area (Clay, Putnam, St. Johns) = 2 pts</td>
</tr>
</tbody>
</table>

28  Total Points

*Program staff to determine if position qualifies.