



## PARAMEDIC PROGRAM APPLICATION

### PREREQUISITES:

- Successfully pass the “FISDAP” paramedic program entrance exam. The exam should be available at FCTC’s testing center in November 2017.
- Current AHA Basic Life Support 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 on or after October 1, 2017 and has **applied** to take the **Florida** EMT exam) may be admitted as an alternate. Candidates who have failed their first attempt at the NREMT EMT exam will not be accepted until after they have successfully obtained Florida EMT certification.
- All applicants must obtain and maintain current Florida certification as an EMT before being admitted to the Paramedic II portion of the program, no exceptions.
- Submit the signed Health Certificate with physical exam results and immunization records, including Hepatitis B vaccination, MMR, Influenza, TB (tetanus booster). The tuberculin skin test must be current (within one year of the program start date). Vaccinations and TB testing must be maintained in current status throughout the program.
- Be interviewed and approved by the Program Medical Director and/or 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.
- Enrolled students must have TABE scores of 10 or higher in each area, or a basic skills exemption, before they can graduate from the program. (TABE test must be taken before entry, or within six weeks of start date.)

**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.**

### Office Hours

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

**Main Campus – 2980 Collins Avenue – (904) 547-3282 – Fax (904) 679-3551**

**Public Safety Campus - 3640 Gaines Road – (904) 547-3542**

**\* St. Augustine \* Florida**

**[ronnette.waycaster@stjohns.k12.fl.us](mailto:ronnette.waycaster@stjohns.k12.fl.us)**

**NOTE:** This application packet is designed to be self-explanatory. Please read ALL the document before you begin the process, and you will find answers to most of your questions.

**Location:** The program is held at the FCTC Public Safety Campus located at 3640 Gaines Road, St. Augustine.

**Class schedule:** The course will be scheduled on a “shift friendly” basis, with classes scheduled on “B” shift for the 2018 class. This means that class will meet on different days each week, to accommodate those students who are currently working on a 24 hour on, 48 hour off schedule. One week class will meet from 9am to 6pm on Wednesday, the next week on Monday and Thursday, and the next on Tuesday and Friday. The cycle will repeat every three weeks. (*Wednesday, January 10, 2018 is a “B” shift for local departments. You will receive a detailed schedule for each course.*) This schedule is for classroom and on campus lab activities. During the second and third phase of the program, students will be required to schedule clinical and field internship days on Saturdays or Sundays, or on weekdays in which class is not scheduled. (Students cannot under any circumstances schedule clinical or field internship days on scheduled classroom / lab days.)

## **ENROLLMENT PROCESS**

**Submit a general First Coast Technical College Pre-Registration application via our online website:**

<https://fctc.focusschoolsoftware.com/focus/apply/> Use **Mozilla Firefox** or **Google Chrome** web browser software to access this website, it may not work correctly with Internet Explorer or other browsers!

If you are sure of the program you wish to enroll in, please complete the full application, and click the “Finish and Submit” button at the bottom of the form. If you are unsure how to answer any of the questions on the application, leave them blank. The registration staff will complete any missing information when you formally register for the program. (You should expect to hear from us, usually via email, shortly after you submit the online application. Please include a valid email address on your application, and check it on a regular basis.)

If you have ever been a student here before, you already have a “FOCUS” user account set up. Contact program staff at 904-547-3542, or 904-547-3400 to obtain your user name and password.

**FISDAP Paramedic Entrance Exam:** First, make sure you have setup a profile in FOCUS as described above. To register and pay for the exam, please either go to the Main Campus registration office or call 904-547-3282 and ask for registration. **(This process will NOT be available until sometime in November.)** You may pay the fee over the phone using a credit or debit card. Once you have registered and paid, you will be contacted by the testing center staff to set a date and time for your test. You must obtain a score of 15 or higher to enter the program. Here is one website with general information about the exam: [www.fisdap.net/what\\_we\\_make/entrance\\_exam](http://www.fisdap.net/what_we_make/entrance_exam)

## **TABE Requirements:**

- Have your high school and/or college transcripts submitted to Student Advising at FCTC’s Main Campus.
- Once transcripts have been submitted, contact a Student Advisor (904-547-3282) to have them review your transcripts and determine if you are TABE exempt or will need to register for the exam.
- Register and pay for the TABE test or TABE exemption at (904)547-3282. There is a \$25 charge for this exam or exemption review.
- This process must be fully completed no later than six weeks after the program start date. Failure to meet this requirement will result in your involuntary withdrawal from the program. You are encouraged to complete this before the program starts.

## **PROGRAM APPLICATION PACKET:**

If you have obtained the minimum required score on the FISDAP Paramedic Entrance Exam, your next step is to submit the program specific application, with all required documents. NOTE: We will no longer accept partial or incomplete applications. Applicants are expected to submit a complete application, with all required documents, by the due date. Given the delay in FISDAP testing availability, please go ahead and start getting your application packet documents together.

**We strongly suggest that you make and maintain a file with copies of all the documents you submit to us.** Many of these documents will also be required when you apply for work as a firefighter or EMT. Some of the documents we receive will be forwarded to state agencies as a part of your certification application, and will not be retained by FCTC.

Required documents include:

**Application cover sheet:** self-explanatory

**Application checklist:** Please initial each item that you have attached.

**Copy of high school diploma, official transcript, or GED:** A copy of either of these is adequate for our program files. However, FCTC will also require an official sealed transcript to determine if you are TABE exempt. We suggest you request an official sealed transcript be sent to FCTC at the address below:

First Coast Technical College  
Attn. Registration  
2980 Collins Avenue  
St. Augustine, FL 32084

**Copy of a valid driver's license:** This is required as proof of age, and to verify that you may be legal to drive on campus.

**Health Certificate – Emergency Medical Services Programs form:** This form must be completed and signed by both the applicant and a health care professional. We must have this form on file for all students who participate in hospital clinical work or rescue unit internships. You may use any qualified clinic, doctor, nurse practitioner, or physician's assistant of your choice to perform the exam and sign off. You should remember to get this form and the DFS-K4-1022 form signed off at the same time. You may find it helpful to collect your vaccinations records first, and take them with you to the exam. The medical professional should be able to start or complete any needed vaccinations, or perform titer tests to verify immunity. You may also need your medical professional to order the drug screening and TB testing. NOTE: We need the two forms above, and proof of vaccinations and TB testing. Do NOT submit any other part of your medical exam records, such as EKG printouts, medical questionnaires, or detailed history and physical exam narratives. If you do, they will just be returned to you.

**How do I get my vaccination records?** – many of you ask how you can get copies of your vaccination records. Please be advised that many high school transcripts also contain records of certain vaccinations, including MMR, Hepatitis B, and Tetanus / Diphtheria. We will accept such records as proof of vaccinations. In other cases, you may be able to get vaccinations from your county or state health department. Military records of vaccinations or immunity are also acceptable. Use this link for more information about Centers for Disease Control (CDC) vaccination recommendations for Healthcare Personnel: <http://immunize.org/catg.d/p2017.pdf>

**Proof of tetanus / diphtheria vaccination:** You must provide proof that you have had a tetanus / diphtheria vaccination that will be less than ten years old on the last day of your program.

**Proof of MMR vaccination:** You must have proof that you have received two vaccinations for Measles, Mumps, and Rubella (MMR) in your lifetime. If you have never had the vaccinations, you must have at least the first one completed before the program starts, and the second one 28 days after the first one. If you believe you have had the vaccinations, but do not have a record, your health care professional may be able to order a "titer" test, a titer test result that verifies you have immunity is also acceptable.

**Proof of Hepatitis B vaccination:** You must have proof of having received the full three shot series of Hepatitis B vaccinations, or stated the series and get the second and third shots as recommended, or have proof of immunity (titer test results).

**Proof of “current” flu vaccination:** EMT and paramedic students must have a “current” flu vaccination whenever they are participating in hospital or field internship during flu season (October through March). Since the strains of flu virus expected to affect the United States varies each year, last year’s flu vaccine is not adequate to protect against the current year threat. In addition to this year’s vaccination, you will need to obtain the 2018-2019 vaccination when it is available to complete the program.

**TB skin test or chest x-ray results:** All health program students must have a current TB test for the duration of their program. The skin test involves a small shot under your skin, with the health care professional “reading” the results by examining the area after two days. If the result is positive, you will have to have a chest x-ray to verify that you are free of TB. This should usually be done at the same time as your medical exam. Please make sure to ask for it. You must have a TB test result done annually as a health care worker or student, so be prepared to get another one when the before your current test is one year old.

**Drug screen results:** You must have a drug screening, with the results mailed or faxed directly to us. The screening must be at least an “8 panel” screening. Your medical professional can write the order that is required by many labs before they will perform the test. The drug screening must be performed within six months of the first day of your program. Results should be mailed or faxed to:

Attn. Ronnette Waycaster, Public Safety Programs  
First Coast Technical College  
2980 Collins Avenue  
St. Augustine, FL 32084  
Fax number 904-679-3551

**FDLE background check results:** You will request the background check yourself. The check must be performed within six months of the first day of your program. 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) Follow the directions, and attach the results to your application. Be sure to print and attached the **RESULTS** – not the receipt.

If you have ever had a felony arrest or dishonorable discharge, you are encouraged to review the following statutes before applying to the program:

<http://m.flsenate.gov/Statutes/633.412>  
<http://m.flsenate.gov/Statutes/633.107>

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

**Completed applications may be submitted at the Main Campus registration office or at the Public Safety Campus.**

1. Final selection and acceptance into the program will be determined by the Program Director and Program Medical Director based on individual interviews conducted at Orientation. Preference will be given to residents of the Clay, Putnam, and St Johns County service area, and to those who are currently employed as an EMT, in the event of more applicants than seats available.
2. 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](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 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 at least 1-2 weeks. If you have questions, or would like additional assistance, please call 904.547.3511 or email [fctcfinancialaid@stjohns.k12.fl.us](mailto:fctcfinancialaid@stjohns.k12.fl.us)



## 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](http://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](http://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 most 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](http://www.nremt.org/nremt/about/para_accred_implementation_policy.asp)

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

Staff Use Only
Date: _____
By: _____
Rcpt.: _____
FOCUS ID # _____

**Paramedic Application**

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

Intended Starting Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Please provide an email address that you will check frequently.  
This will be the primary means of communication from the program staff.)

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

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.

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



## General Application and Enrollment Checklist:

Applicants should initial each item that they have completed or are attaching, as noted. This page should be included in your application packet submittal.

Do NOT mark in the second column. That will be marked only by Public Safety Program staff who have verified that each item meets the required standards.

#	Program Staff Only!	Student Initial	Item
1			Pre-registration application completed at <a href="https://fctc.focussoftware.com/focus/apply/">https://fctc.focussoftware.com/focus/apply/</a>
2			FISDAP Paramedic Entrance Exam successfully completed (or scheduled)
3			Paramedic Program Application - Cover Sheet
4			This checklist page
5			Health Certificate – Emergency Medical Services Programs
6			Copy of high school diploma, GED, or transcripts
7			Copy of valid driver’s license
8			Proof of tetanus / diphtheria vaccination within 10 years
9			Proof of MMR vaccination (times 2) or immunity
10			Proof of Hepatitis B vaccination or immunity
11			Proof of “current” flu vaccination – see notes
12			TB skin test or chest x-ray results
13			Drug screen submitted – results will be forwarded to FCTC by clinic / lab
14			FDLE background check results
15			CPR certification (AHA Healthcare Provider or ARC Professional Rescuer only!)
16			Copy of current Florida EMT certification OR documentation showing a scheduled test date and EMT program graduation date.

**HEALTH CERTIFICATE - Emergency Medical Services Programs**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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  
is physically and emotionally capable of pursuing studies leading to certification as a paramedic.  
Print Student's Name

\_\_\_\_\_  
Physician's printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's signature

Physician's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_