

## Application Materials for Emergency Medical Technician

### Program Requirements

All students must be at least 18 years of age by the first day of class.

A high school diploma, GED or higher degree is required to enter this program.

Students must attend a mandatory Orientation to enter this program.

Classes take place on our FCTC Public Safety Campus located at 3640 Gaines Road, St. Augustine with clinicals taking place in multiple counties.

Students are required to attend training at all locations; it is the student's responsibility to arrange for transportation.

**CONVICTED AND/OR REGISTERED SEXUAL OFFENDERS OR ANYONE WITH A FELONY DRUG CONVICTION WILL NOT BE ADMITTED TO THIS PROGRAM.** It is recommended, if you have a misdemeanor or felony on your record, to contact the Florida Department of Health to ensure that acquiring a state or national certification will not be affected. <http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/licensing/index.html>.  
**Customer Contact (850) 488-0595. Florida Statutes have specific requirements for EMT Certification.**  
We suggest you review the statute below to make sure you will be able to obtain certification before deciding to apply. Refer to Section 456.0635, Florida Statutes <https://m.flsenate.gov/Statutes/456.0635>.

**If you meet the above requirements, please continue with this  
Application Checklist.**

**All students are encouraged to review the HOW TO ENROLL steps at <https://fctc.edu/enroll/> .**

## Application Checklist

**The following are required for a complete application packet.**

*Please submit documents in PDF format; Public Safety will NOT accept JPG files.*

- ☐ Ensure you have an **FCTC account**. Create your FCTC account at <https://fctc.edu/account/>. If you have an existing FCTC account, do not create a duplicate account.
- ☐ Request your **final official sealed high school or GED transcripts**. If you have an Associate degree or higher, this can be sent in lieu of high school or GED transcripts. Go to <https://fctc.edu/transcripts/> to learn how to submit your final official transcripts.
  - \*If you do not have a high school diploma, please contact [Recruiter@FCTC.edu](mailto:Recruiter@FCTC.edu) to learn how to move forward.
  - Once your official transcripts have been reviewed, you will receive an email detailing next steps. The EMT program does not require an assessment test.
- ☐ **Online Application:** FCTC will send you an email with instructions after your transcripts are received and reviewed. Complete your online application through your FOCUS account and submit.
- ☐ Copy of current valid **driver's license** or **government-issued identification**
- ☐ **Health Certificate** signed by physician, nurse practitioner or physician assistant.
- ☐ **Immunization Records**
- ☐ **Tuberculin Skin Test** within one year of program start date. The TB skin test must be signed by a physician, nurse practitioner, or physician assistant. The TB skin test must remain valid throughout the program; students may need to update their TB skin test during the program.
- ☐ **Negative Drug Screen** submitted directly by medical facility.
- ☐ **FDLE Background Check results**
- ☐ Complete **Florida Residency Affidavit for Tuition Purposes** and provide copies of two qualifying documents to prove residency.
- ☐ Application documents should be uploaded to your FOCUS account. Please see **IMPORTANT STUDENT LINKS** in your FOCUS account portal and click on **How to upload documents to FCTC**.

*Students who wish to submit a printed application packet should turn in documents to FCTC Main Campus, 2980 Collins Avenue, St. Augustine, FL 32084. Go to Building A and give documents to the Receptionist. Business hours are Monday through Friday, 7:30 am – 4 pm.*

- ☐ Please review the Money-Back Guarantee Program in our Student Handbook or at [Tuition and Fees](#).

**Students should keep a copy of the completed supporting documents for their records.  
Students will need these documents to begin clinicals.**



### **Auxiliary Aid and Accommodations**

FCTC provides auxiliary aids and services for persons with disabilities. If you need assistance during the course of your study, please visit Student Advising in Building A at the FCTC Main Campus or email [StudentAdvising@FCTC.edu](mailto:StudentAdvising@FCTC.edu).

FCTC does not make inquiries of a student concerning a disability or accommodations. Students with a disability, IEP or 504, etc. that are requesting special accommodations must meet with a student advisor and identify themselves prior to assessments and the beginning of classes. Self-advocacy is highly suggested. Please refer to the Student Handbook.

### **It is the responsibility of the student to ensure all paperwork has been submitted to Admissions.**

Your application packet will be processed in the order it was received. Allow minimum of 15 business days for application processing. More time may be required during high volume periods.

### **Admissions will email a request for missing information and documents. Please respond promptly.**

Once your application packet is complete, you will be contacted to pay the application fee. Following the application deadline for each program, students will receive an email detailing instructions for the mandatory orientation.

Students who attend the **mandatory** orientation will be considered for acceptance in the program. Acceptance emails are sent after orientation containing registration details. If you are unable to attend orientation, you will be contacted by Admissions regarding moving forward to another start date.

**Seats are limited and fill on a first-come, first-served basis.** Please apply early. When/if a program is full, students will be emailed about Waitlist opportunities and next steps.

FCTC's primary method of communication is via email. Be sure to check your emails including spam/junk.

Contact [Admissions@fctc.edu](mailto:Admissions@fctc.edu) if you have questions.

## Health Certificate – Emergency Medical Technician

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

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.

\_\_\_\_\_  
Applicant Print Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**THE FOLLOWING IS TO BE COMPLETED BY A LICENSED PHYSICIAN, NURSE PRACTITIONER  
OR PHYSICIAN ASSISTANT:**

To the best of my knowledge this is to certify that the above Applicant is free from contagious diseases and is physically and emotionally capable of pursuing studies leading to certification as an Emergency Medical Technician.

\_\_\_\_\_  
Health Professional's Printed Name & Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Professional's Signature

Medical Facility's Address \_\_\_\_\_

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

## Immunization Criteria

Immunization records must be legible and easy to decipher. FCTC recommends requesting records from the Department of Health. Immunization records that are illegible or hard to understand may be returned and additional documents may be required. Consult with your physician to assure all requirements are met.

Applicants who are unsure of their vaccination history or cannot access their records may ask their physician to perform a blood titer test. These results should be included in your packet and include a doctor's clear statement of immunity.

**Measles Mumps Rubella (MMR):** Documented proof of immunity to measles and rubella (German measles) is mandated by the State of Florida. Immunity is defined as one of the following:

- Documentation of receipt of two (2) MMR vaccines
- Physician-diagnosed measles and rubella with physician-certified data including month and year of diseases
- Report of immune titer (blood test), which verifies immunity

**Varicella (chickenpox):** Immunity is defined as one of the following:

- Documentation of receipt of two (2) VZV vaccines
- Positive history of chickenpox

Applicant Name: \_\_\_\_\_

Varicella (chickenpox) Have you had chickenpox? ☐ Yes ☐ No

If no, be sure your varicella vaccination dates are provided.

**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).

**Hepatitis B Vaccine (HBV):** Immunity is defined as:

- Documentation of receipt of three (3) HBV vaccines (initial, after 1 month, after 6 months)
- Report of immune titer (blood test), which verifies immunity

*If a student does not have HBV vaccines, FCTC requires the student begin the series prior to the application deadline. Students may START the program if they have had only the FIRST vaccination. However, they must receive the second and third vaccinations as scheduled to REMAIN in the program. It is the responsibility of the student to provide proof of vaccines.*

If students are attending EMT or Paramedic programs during October through March, influenza (flu) vaccine requirements will be discussed at orientation.

### Tuberculin Skin Test (TB)\*

**TB test (Tuberculin Skin 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.

TB (Tuberculin Skin Test/PPD)					
Name				Date of Birth	
This is to certify that Applicant was given a tuberculin skin test.					
Date Given		LFA		RFA	

Given by \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name and Credentials

**RESULTS MUST BE READ AND SIGNED BY A LICENSED PHYSICIAN,  
NURSE PRACTITIONER, REGISTERED NURSE OR PHYSICIAN ASSISTANT.**

FCTC CANNOT accept this form unless it includes the correct signature and credentials.

Skin Test must be read 48-72 hours after test

Date read \_\_\_\_\_ Results \_\_\_\_\_ mm

Read by \_\_\_\_\_  
Print Name and Credentials Signature

Medical Facility's Address \_\_\_\_\_

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

*Completing this form is not required if you already have similar documentation. All TB test forms MUST include name and credentials from a licensed physician, advanced nurse practitioner, registered nurse or physician assistant.*

**\*The QuantiFERON-TB Gold blood test is an alternative to the TB skin test.** Students can submit documentation of QuantiFERON-TB Gold test results; results are valid for 24 months.

The QuantiFERON-TB Gold blood test does not require a return visit to the medical facility. Students considering a longer program, like Paramedic, are advised to check into the QuantiFERON-TB Gold blood test as an alternative.

## DRUG SCREENING INFORMATION

Students will need to submit a negative 8-panel or higher drug screen within 6 months **PRIOR** to the application deadline by a physician of your choice.

We recommend completing this or scheduling it while coordinating your doctor's visit for your Health Certificate and/or immunizations.

### Drug Screening Steps

1. Prospective students for the EMT, EMT/Firefighter-Combined or Paramedic Public Safety programs will be required to complete a drug screen and authorize release of the results to Admissions at FCTC.
2. Students will be responsible for all costs associated with completion of a drug screen.
3. In the event a student has a positive reading on their drug screen, FCTC Admissions will notify the student. To move forward in the admissions process, the student must provide documentation from a prescribing physician. FCTC will review the documentation and contact the student regarding next steps.

\*Students claiming inaccuracies in their drug screen will be referred to the vendor and/or authorized laboratory completing the drug screen.

### WHAT IS AN 8-panel DRUG TEST?

An 8-panel or higher test means you are being tested for eight or more different substances. Drug screen must include the substance and a reading of negative with each substance tested. One of the eight substances must be Marijuana Metabolites.

In the context of drug screening, the word "panel" refers to the specific type of drug, or the family of drugs, that a specific test can recognize. Thus, an 8-panel drug test can identify the presence of eight different substances. Panel tests can be completed using urine, blood, or saliva samples.

### Results can be sent multiple ways:

- **Preferred method:** Hand-delivered to FCTC Admissions Department by student. Results must be in a sealed envelope from the physician's office with signature of physician or their personnel across the seal to show no tampering.
- **Faxed** from the medical facility directly to FCTC Admissions at (904) 679-3551
- **Emailed** directly from the medical provider to [Admissions@FCTC.edu](mailto:Admissions@FCTC.edu)

FCTC will NOT accept unofficial copies of drug test results.

## FDLE Background Check Requirements

Background checks are required for incoming students to ensure the safety of the patients treated by students in the clinical/extern/practicum education program. There will be a charge on your credit card for each name search performed regardless of search results. Background checks expire within one year.

***Falsifying or altering any information with intent to misrepresent the contents is prohibited by law and may be punishable as a felony when done with intent to injure or defraud any person.***

### FDLE Student Background Check Ordering Steps

- For the student background check, go to <https://web.fdle.state.fl.us/search/app/default>.
- Under the search tab, complete all required fields as prompted and hit submit to enter your payment information. The application will first ask for information about you and the credit card that you will use to pay for the services.
- After submitting your customer information, continue to the entry of search criteria. Records searched are based on your submission information, so accuracy is critical.
- After submitting the search criteria, you will confirm the information and accept the fee for the search. You will be presented a receipt which you can e-mail and/or print for your convenience. *We strongly encourage you keep the receipt for your records in case you experience problems with the internet service.*
- Search results are returned directly to your browser screen. Search results will not be sent by regular mail. Review the possible matches individually, by evaluating all the demographic information that is available. You should begin by looking at the complete name, sex, race, date of birth, SSN and any other identifiers that may be present, such as alias name, additional dates of birth or SSN, height, weight, eye, and hair color. Do not assume that the possible match will always be the first or second candidate.
- The Search Results Page displays the possible matches to the search criteria that you have entered. The result of the search could indicate that no record was found on the subject, that a single subject matched the search criteria, or that there were multiple possible matches.
  - If there was no record found, there is no criminal history on file for the subject based on the information provided. No additional charges apply beyond the original fee.
  - If a single match occurred, the subject's criminal history will be returned. No additional charges apply beyond the original fee.
  - If more than one record matched the search criteria, you will be presented with a choice of up to five candidates that matched. You will then select the record(s) you would like to receive. The criminal record for one selected candidate is included in the fee. Should you elect to receive records on more than one candidate, you will be charged an additional fee for each candidate you select.
- When you get to the Select Candidates page, you may select the record(s) you would like to receive by clicking the "Display History" next to the subject.
- Search results are returned instantly. **Request results to be emailed to you.** Submit the background check results with your application document.



### Public Safety – Medical & Professional History

Please complete this form if you have medical and/or public safety training/experience.  
If this information does not apply to you, disregard this form.

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Prior Medical Training**

☐ Yes

☐ No

If yes, please provide details.

School \_\_\_\_\_

Program/Degree/Certificate \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Highest Level of Emergency Certification**

☐ First Responder

☐ EMT

☐ Paramedic

List any current or previous public safety experience.

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**Are you affiliated with a Fire Department?**

☐ Yes

☐ No

If yes, please provide details.

Department Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_