

EMERGENCY MEDICAL TECHNICIAN APPLICATION

We are now accepting applications for the next Emergency Medical Technician (EMT) course. We offer both day and evening classes at our FCTC Public Safety Academy located at 3640 Gaines Road, St. Augustine.

In order to be eligible for this class, you must meet the following prerequisites and complete the steps listed in the enrollment process.

Prerequisites

1. High school diploma, GED or higher degree.
2. Must be at least 18 years of age.
3. Submit the signed Health Certificate included in this packet with physical exam results and immunization records, including Hepatitis B vaccination, MMR, tetanus booster and influenza vaccine. The tuberculin skin test must be within one year of program start date.
4. Submit negative drug screen WITHIN 6 MONTHS PRIOR TO CLASS START DATE and be AT LEAST an 8 panel or higher by a physician of your choice. **Results must be faxed to (904) 823-2259 or emailed directly to us by the lab or physician.**
5. FDLE background check within one year. Using a credit card, go online to the Florida Department of Law Enforcement at: <https://cchinet.fdle.state.fl.us>. Attach the results to your application. Be sure to print the **RESULTS** – not the receipt.

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 EMT license will not be affected. www.floridahealth.gov/licensing-and-regulation/emt-paramedic/index.html Customer Contact: (850) 488-0595

If you meet the listed requirements, please continue with the Application Checklist.

APPLICATION CHECKLIST

- Complete the EMT Application** and attach a copy of all required documents
 - EMT Application
 - High school diploma, GED or higher degree
 - Valid driver's License
 - Signed Health Certificate/Physical Exam (Attached)
 - Immunization Record
 - Negative Drug Screen (submitted directly by Physician)
 - Background Check (Instructions attached)
 - Complete and submit your Florida Residency Affidavit
- Go to your program on **FCTC.edu** and click on **Create My FCTC Account** to start your pre-registration
- Submit payment for application fees to the Registration Department, 2980 Collins Ave. Building A
- Submit completed application packet to the Public Safety Campus, 3640 Gaines Road

ENROLLMENT PROCESS

Course Description

Emergency Medical Technicians (EMT-B) respond to emergency calls to provide efficient and immediate care to the critically ill and injured. EMT is a certification program that meets all state and national requirements to become a state and nationally certified EMT-B. Upon successful completion of the FCTC EMT program you will be eligible to take the state/national registry test to become a licensed EMT. Attendance, dress code, and grade requirements will be reviewed at orientation.

Acceptance into the Program

Once you have completed the application process by providing all required documents, you will be invited to attend orientation. Students will be accepted into the program on a first come, first served basis. Once the roster has been filled, students will be offered a seat in the next available class.

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. You must attend orientation before you will be allowed to register for the course. If you are unable to attend orientation, your application will be re-evaluated with the next pool of applicants. After your second opportunity, your application will be deactivated, and you will have to reapply.

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 or fctcstudentservices@stjohns.k12.fl.us.

Financial Aid

The EMT only program does not qualify for federal financial aid, however other financial assistance may be available.

Program Fees

Refer to FCTC.edu, go to the program of your choice and click on Program Costs for a complete fee schedule.

Assessments are not required for this program.

Course Length

Emergency Medical Technician EMT – Day Total: 300 Hours / 12 Weeks

Emergency Medical Technician EMT – Night Total: 300 Hours / 16 Weeks

EMT APPLICATION

Day Class Start Date: _____

Evening Class Start Date: _____

Name _____
Last First Full Middle Maiden/Other Names

Address _____
Street Apt/Unit Number City

County _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email _____

Emergency contact _____ Phone Number _____

Circle Highest Grade Completed 8 9 10 11 12 College Level 1 2 3 4 years

Prior Medical Training Yes No If yes, please provide name of school, city and state

Type of Program _____ Dates of Attendance _____

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 _____

The following information is not used in the eligibility process.

Applicant Gender Female Male

Race White, Not Hispanic Black, Not Hispanic Asian/Pacific Islander Hispanic
 American Indian/Alaskan Native Multi-Racial Other _____

Are you a United States citizen? Yes No

Is English your second language? Yes No

I have been provided the consumer information notice at <http://fctc.edu/consumer/gainful-employment/> and campus security report on the FCTC website at <http://fctc.edu/about/safety/>. FCTC will also provide a paper copy of the campus security report upon student request. FCTC Student Handbook is located <http://fctc.edu/students/handbook/>

The FCTC Student Handbook is located at <http://fctc.edu/students/handbook/>. I have read the FCTC student handbook and I agree to accept responsibility and will comply with all policies outlined in the FCTC student handbook.

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 in this application, and further authorize these employers and educational institutions to release information to officials of First Coast Technical College concerning my performance and progress while under their employ or enrolled in their program(s).

Applicant Print Name

Applicant Signature

Date

HEALTH CERTIFICATE - Emergency Medical Services Programs

Name: _____ Last four digits of Social Security # _____

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

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.

Physician's printed name

Date

Physician's signature

Physician's Address: _____

City: _____ State: _____ Zip: _____

IMMUNIZATION CRITERIA

(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

Varicella (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 applicant 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 (HBV)

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.

Applicant Name			SSN	
Hepatitis B Record				
Inj.#	Date	Amount	Injection Site	Administered By
1.				
2.				
3.				