

Emergency Medical Technician Application Packet

Dear Prospective Student,

First Coast Technical College is now accepting applications for the next Emergency Medical Technician course. Classes take place on our FCTC Public Safety Campus located at 3640 Gaines Road, St. Augustine.

Course Length

Emergency Medical Technician – Day

Total 300 Hours / 12 Weeks

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

Prerequisites

- High school diploma, GED or higher degree.
- Must be at least 18 years of age by the first day of class.
- Submit the original signed Health Certificate (page 7) included in the packet with immunization records, including Hepatitis B vaccination, MMR, tetanus booster, and varicella “chicken pox”. The tuberculin skin test must be within one year of program start date (page 9). **The original Health Certificate must be signed and dated by a licensed physician, nurse practitioner, or physician’s assistant.**
- Submit negative drug screen WITHIN 6 MONTHS **PRIOR** TO APPLICATION DEADLINE and be AT LEAST an 8 panel or higher by a physician of your choice. See page 11 for more details.
- FDLE background check results should be submitted with your packet. Using a credit card, go online to the Florida Department of Law Enforcement at: <https://cchinet.fdle.state.fl.us> and attach the result to your application. Be sure to print the RESULTS – not the receipt. Background checks expire within one year.
- All documents listed on the **Application Checklist** must be submitted prior to the deadline.
- Attend **mandatory orientation**.

CONVICTED AND/OR REGISTERD 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 the Application Checklist.

Application Checklist

The following are required for a complete application packet.

- EMT Application (page 4-6)** which includes Florida Residency declaration-and all required documents. A copy of your documents you will be submitting for your application packet will be required during the course to enable you to participate in clinicals. Keep copies for your reference.
- Original** high school/GED or higher degree diploma, or official/final high school/GED or higher degree transcripts.
- Current valid Florida driver's license
- Health Certificate** signed by physician, nurse practitioner or physician's assistant (page 7)
- Immunization** Record (page 8-10)
- Negative Drug Screen** submitted directly by physician (see page 11 for instructions)
- Background Check** <https://web.fdle.state.fl.us/search/app/default> (see page 1 for instructions)
- Go to your program on FCTC.edu and click on Create my FCTC Account to start your pre-registration, if you have not already done so.
- Submit/upload your application, Florida Residency documents and any additional required documents for the program. Email Admissions@FCTC.edu to request instructions on how to upload or drop off at Building A on our main campus.
- All steps must be completed before registering for classes.**

Please review the Public Safety Calendar at <https://fctc.edu/programs/emt-paramedic/> for mandatory orientation and early application dates.

It is the responsibility of the student to assure all paperwork has been submitted to Admissions.

Program Fees

Go to your program at FCTC.edu and click on **Program Costs** for a complete cost breakdown.

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 FCTC's 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. Information will be communicated via email, about two to four weeks prior to orientation. Be sure to check your blocked, spam, or junk email folder. Students will be accepted into the program on a first come, first served basis based on the date that the completed application was received. Once the roster has been filled, students will be offered a seat in the next available class.

Orientation

Attendance at the orientation which is held approximately two to four weeks before classes begin, is mandatory in order for you to be considered for the program. 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.

Assessments are not required for this program.

For those who are interested in assistance to prepare for assessments, Academic Coaching is offered through Adult Education by emailing AdultEd@FCTC.edu or calling (904) 547-3434.

Auxiliary Aid

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 Main FCTC Campus or email StudentAdvising@FCTC.edu

Financial Aid

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

Attendance and Grades

Requirements for grades and attendance will be covered during orientation and in the policy/procedure.

| |
|--|
| FCTC USE ONLY: FOCUS ID _____ DATE _____ Initials _____ |
|--|

EMERGENCY MEDICAL TECHNICIAN APPLICATION

Day Class Start Date _____

| | | | |
|-----------|------------|-------------|--------------------|
| Last Name | First Name | Full Middle | Maiden/Other Names |
|-----------|------------|-------------|--------------------|

| | |
|----------------|-----------------|
| Street Address | Apt/Unit Number |
|----------------|-----------------|

| | | | |
|------|--------|-------|-----|
| City | County | State | Zip |
|------|--------|-------|-----|

| | |
|--|-----------------|
| Mailing Address (if different than Street Address) | Apt/Unit Number |
|--|-----------------|

| | | | |
|------|--------|-------|-----|
| City | County | State | Zip |
|------|--------|-------|-----|

Cell Phone _____ Work Phone _____

Email _____

Date of Birth _____ Place of Birth _____

Social Security Number _____

***This is required for FCTC to furnish annual 1098T.**

Emergency Contact Information

Emergency Contact 1 _____ Emergency Contact 2 _____
 Relationship _____ Relationship _____
 Contact Number _____ Contact Number _____
 Check Cell Home Work Check Cell Home Work
 One One

Education History

High School: Check highest grade completed 9th 10th 11th 12th
 Did you receive your diploma or GED? Yes No

Have you participated in high school dual or secondary enrollment or had a prior career and technical education (CTE) training? Yes No

If yes, type of program _____
 Dates of Attendance _____ School _____
 Reason for leaving the program _____

Prior Medical Training Yes No

If yes, please provide name of school, city, and state

| School | City | State |
|--------|------|-------|
|--------|------|-------|

College: check all that apply

Some 1 yr. 2 yr. 3 yr. 4yr. Other
 classes

If you received a college diploma, please check all that apply

Technical Certificate/License Associates Bachelor Master's Doctorate Other

List courses taken since high school _____

If you have previous experience that you feel is relatable to this program, please explain below

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's Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male | | |
| Race | <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multi-Racial |
| | <input type="checkbox"/> Asian, Pacific Islander | <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other | |
| Are you a United States Citizen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Is English your second Language? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, what is your primary language? _____ | |

I understand that submitting this application does not guarantee admittance into a program and that all application fees are non-refundable. 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.

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

Signature of Applicant

Date

Health Certificate – Emergency Medical Technician

Name _____ Last 4 digits of SS# _____

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'S 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 and Credentials

Date

Health Professional's Signature

Medical Facility's Address _____

City _____ State _____ Zip _____

Once signed this form must be handed in to Admissions

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 follows:

- If born before 1957, you are exempt from the law.
- Documentation of receipt of two (2) doses of live measles vaccine after first birthday and no less than one month apart (inactivated measles vaccine was not available in U.S. from 1963-67 so this is 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.

Varicella (Chicken pox): By positive history of chicken pox or Varicella vaccination.

Applicant Name: _____

Varicella (Chicken pox)

Have you had Chicken pox? Yes No

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

Completing this form is not required if you already have similar documentation.

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).

COVID-19 Vaccination: Clinical sites are requiring documentation to fulfill their vaccination and/or immunization requirements which may impact clinical hours required in the program. This requirement is imposed by the health care providers. Additional information will be covered at orientation.

Dear Healthcare Provider:

The TB form that is required for our students to attend clinicals in our participating facilities require that there be a signature of the professional that gave the intradermal injection and also the professional that read the results of the test. This requires that the signature of the reading person be an RN, Mid-level provider or a Physician from the facility administering the test.

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 have ever read positive, proof of a negative chest x-ray must be provided.

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 and Credentials

Skin Test must be read 48-72 hours after test

Date read _____ Results _____ mm

Read by _____ Signature _____
Print Name and Credentials

Completing this form is not required if you already have similar documentation.

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 show 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.

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

Completing this form is not required if you already have similar documentation.

DRUG SCREENING INFORMATION

Students will need to submit a negative drug screen within 6 months **PRIOR** to the application deadline and be at least an 8 panel or higher 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. Calendars and deadlines are posted online at FCTC.edu.
3. In the event that a student fails a drug screen, FCTC Admissions will notify the Public Safety Career Specialist and the student. At that time, the student will be denied admission or dismissed from the program.
*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?

8 panel or higher means you are being tested for 8 different substances or more. Drug screen must include the substance and a reading of negative with each substance tested.

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 is able to 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 physician's office with signature of physician or their personnel across the seal to show no tampering.

Faxed from the organization directly to Admissions at 904-679-3551

Emailed directly from the organization to Admissions@fctc.edu

Florida Residency Declaration for Tuition Purposes

THIS SECTION MUST BE COMPLETED IN FULL IF YOU ARE CLAIMING FLORIDA RESIDENCY FOR TUITION PURPOSES PURSUANT F.S. 1009.21

Students who have been established as exempt from paying tuition fees or use Florida Prepaid are exempt from the residency requirement.

I am a dependent student, as defined by s. 1009.21(1)(a), Florida Statutes, in that I am eligible to be claimed as a dependent under the federal income tax code by the claimant above. The claimant is my "parent" as defined by s. 1009.21(1)(f), Florida Statutes, (i.e., either or both parents of the student, any guardian of a student, or any person in a parental relationship to the student). My parent has maintained legal residence in Florida for at least the past 12 consecutive months. As defined by section 1009.21(1)(d), Florida Statutes, "legal resident" or "resident" means a person who has maintained his or her residence in this state for the preceding year, has purchased a home which is occupied by him or her as his or her residence, or has established a domicile in this state pursuant to s. 222.17." A copy of your parent's tax return may be requested to establish dependence.

I am an independent student who has maintained legal residence in Florida for at least the past 12 consecutive months. I provide more than 50% of my own support. An independent student generally includes a person who is at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, a ward of the court, or someone with legal dependents other than a spouse, pursuant to the United States Department of Education for the purposes of federal financial aid eligibility. There may be limited cases where a person under the age of 24 years old may qualify as an independent student. Such students will be required to verify independence (including financial independence.) A copy your tax return may be requested to establish independence.

Name of Student _____ Last 4 of SS# _____ DOB ____/____/____
 Claimant Name _____ Relationship to Student _____
 (Claimant is the person who is claiming Florida residency, e.g., the student, parent, spouse, or legal guardian)
 Permanent Legal Address of Claimant _____
 Date Claimant Began Establishing Residency in Florida _____

Claimant must **PROVIDE TWO** qualifying forms of documentation proving at least 12 consecutive months residency prior to enrollment.

Please select TWO qualifying forms of documentation from Tier 1 or ONE from Tier 1 & ONE from Tier 2 and include a legible copy of both documents with your application.

| | |
|---|--|
| <p>TIER 1: MUST have at least one from this tier</p> <ul style="list-style-type: none"> <input type="checkbox"/> Florida driver license or State of Florida IDcard <input type="checkbox"/> Florida voter registration <input type="checkbox"/> Florida vehicle registration <input type="checkbox"/> Proof of permanent home in Florida occupied as primary residence by student of parent/legal guardian (if student is dependent) <input type="checkbox"/> Proof of homestead exemption in Florida <input type="checkbox"/> Transcripts from a Florida high school for multiple years, if the Florida high school diploma or GED was earned within the last 12 months. <input type="checkbox"/> Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period <input type="checkbox"/> Proof of active duty residing or stationed in Florida <input type="checkbox"/> Proof of DD214 Honorable discharge | <p>TIER 2:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Declaration of domicile in Florida <input type="checkbox"/> Document evidencing family ties in Florida <input type="checkbox"/> Florida professional or occupational license <input type="checkbox"/> Florida incorporation <input type="checkbox"/> Proof of membership in a Florida-based charitable or professional organization <input type="checkbox"/> Any documentation that supports student's request for resident status (Ex: utility bills and 12 consecutive months of payment or lease agreement and proof of 12 consecutive months of payment) |
|---|--|

Claimant's Driver License
 State _____ Number _____ Issue Date ____/____/____
 Claimant's Voter Registration
 State _____ County _____ Number _____ Original Issue Date ____/____/____
 Claimant's Vehicle Registration
 State _____ Number _____ Original Issue Date ____/____/____
 Non-U.S. Citizen Only
 Resident Alien Number _____ Issue Date ____/____/____

I do hereby swear and affirm that the above-named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to F.S. 837.06.

Signature of Claimant _____ **Date** _____

OFFICE USE ONLY – Please ensure copies of residency documents and independent proof if required are attached.
 Reviewed by: _____ Date: _____ Approved: Yes No

Florida Residency Definitions

A Florida “resident for tuition purposes” is an independent person who has, or a dependent person whose parent or legal guardian has, established, and maintained legal residence in Florida for at least twelve (12) months. Residency in Florida must be for the purpose of establishing a permanent legal residence and not merely to just attend school at an institution of higher education. To qualify as Florida resident for tuition purposes, you must be a U.S. citizen, permanent resident alien, or legal alien granted indefinite stay by the Bureau of Citizenship and Immigration Services. Other persons not meeting the twelve (12) month legal residence requirement may be classified as Florida residents for tuition purposes only, if they fall within one of the limited special categories authorized by the Florida Legislature and Florida Board of Education for exemption. All other persons are ineligible for classification as a “Florida Resident for Tuition Purposes.”

Documents supporting the establishment of legal residence in Florida must be dated, issued, or filed 12 months prior to the first day of class for which an in-state classification is sought.

Who may be eligible to establish Florida residency for tuition purposes?

- U.S. citizens, permanent resident aliens, certain Visa categories, and certain active-duty members of the Armed Services of the United States, their spouses, and their dependent children.
- Honorable discharged veteran of the U.S. Armed forces, the U.S. Reserve Forces or the National Guard who physically resides in Florida FS 1009.26 (13).

Who is not eligible to establish Florida residency for tuition purposes?

- Students who are dependent on out-of-state parents (claimed on the parent(s) Federal Income Tax form).
- Students who moved to the State of Florida for the sole purpose of attending an institution of higher education.
- Students who claim independence but cannot document independence.
- Certain Visa categories.

Who is exempt from establishing Florida residency for tuition purposes?

- Students who are exempt from paying fees (DCF, homeless waivers) are exempt from providing proof of residency F.S. 1009.25(2)(c)(d) and(f), F.S.
- Students paying with Florida Prepaid College Program. Each qualified beneficiary shall be classified as resident for tuition purposes, regardless of his or her actual legal residence. F.S. 1009.98(a)1.

NON-FLORIDA RESIDENT ONLY

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted and that if I should qualify for some future term, it will be necessary for me to file the required documentation prior to the beginning of the term in to be considered for Florida residency reclassification.

Printed Student Name _____ State of Residence _____

Student Signature _____ Date _____

OFFICE USE ONLY – Please ensure copies of residency documents and independent proof if required are attached.

Reviewed by: _____

Date: _____

Approved: Yes No