

FIRE FIGHTER / EMT – COMBINED APPLICATION

We are now accepting applications for the next Emergency Medical Technician/Firefighter 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.

In order to be eligible for this class you must meet the following prerequisites and complete the steps listed in the Enrollment Process below.

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. The tuberculin skin test must be current, within one year of program start date.
4. Complete Medical Examination to determine fitness for Firefighter Training, form attached.
5. Negative drug screen WITHIN 6 MONTHS OF CLASS START. Must be AT LEAST an 8 panel or higher, by a physician of your choice. **Results must be emailed or faxed 904-429-9607 directly to us by the lab or physician.**
6. 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>, cost is \$24.00. Attach the results to your application. Be sure to print the **RESULTS** – not the receipt.
7. Successfully pass Physical Agility Assessment Evaluation and attend Mandatory Orientation.
8. Be a nonuser of tobacco or tobacco products for at least 1 year immediately preceding application.
9. All Documents listed on the Application Checklist must be submitted prior to the deadline.

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/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 this Firefighter/EMT COMBINED Application Checklist

APPLICATION CHECKLIST

Step One: To register as an FCTC student.

1. Go to your program on **FCTC.edu** and click on **Create My FCTC Account** to start your pre-registration.
2. Apply for **Federal Student Aid** Go to www.fafsa.ed.gov FCTC School Code is 012544. For more information, Click Financial Aid.
3. Submit payment for application and testing fees to Registration Department, 2980 Collins Ave. 904-547-3282.
4. Take the **Test of Adult Basic Education (TABE Test)** or apply for **Basic Skills Exemption**.
5. Provide official sealed **Transcripts**.
6. Complete your **Florida Residency Affidavit**.
7. **Complete the Firefighter/EMT Application** and attach a copy of all required documents.
8. Submit completed application packet to the Public Safety Campus, 3640 Gaines Road.

Step Two: To register for the Firefighter/EMT Combined Program, complete the Application and include a copy of the following documents

- Firefighter/EMT Combined Application
- High School Diploma, GED or Higher Degree
- Valid TABE Scores or Basic Skills Exemption
- Valid Driver's License
- Medical Examination Form (attached)
- Signed Health Certificate/Physical Exam (attached)
- Immunization Record
- Negative Drug Screen (submitted directly by Physician)
- Background Check <https://web.fdle.state.fl.us/search/app/default>
- Complete and submit your Florida Residency Affidavit
- Tobacco Affidavit
- Register for Physical Agility Exam \$50.00
- Application Fee \$10.00

ATTENTION
READ BEFORE APPLYING

Florida Statutes have specific requirements for Firefighter Certification. We suggest you review the statute below to make sure you will be able to obtain certification before deciding to apply.

633.412 Firefighters; qualifications for certification.

A person applying for certification as a firefighter must:

1. **Be a high school graduate** or the equivalent, as the term may be determined by the division, and at least 18 years of age.
2. **Not have been convicted of a misdemeanor** relating to the certification or to perjury or false statements, **or a felony** or a crime punishable by imprisonment of 1 year or more under the law of the United States or of any state thereof or under the law of any other country, **or dishonorably discharged from any of the Armed Forces** of the United States. “Convicted” means a finding of guilt or the acceptance of a plea of guilty or nolo contendere, in any federal or state court or a court in any other country, without regard to whether a judgment of conviction has been entered by the court having jurisdiction of the case.
3. **Submit a set of fingerprints** to the division with a current processing fee. The fingerprints will be forwarded to the Department of Law Enforcement for state processing and forwarded by the Department of Law Enforcement to the Federal Bureau of Investigation for national processing.
4. **Have a good moral character** as determined by investigation under procedure established by the division.
5. **Be in good physical condition** as determined by a medical examination given by a physician, surgeon, or physician assistant licensed to practice in the state pursuant to chapter 458; an osteopathic physician, surgeon, or physician assistant licensed to practice in the state pursuant to chapter 459; or an advanced registered nurse practitioner licensed to practice in the state pursuant to chapter 464. Such examination may include, but need not be limited to, the National Fire Protection Association Standard 1582. A medical examination evidencing good physical condition shall be submitted to the division, on a form as provided by rule, before an individual is eligible for admission into a course under s. 633.408.
6. **Be a nonuser of tobacco** or tobacco products for at least 1 year immediately preceding application, as evidenced by the sworn affidavit of the applicant.

ENROLLMENT PROCESS

Acceptance into the Program

Once you have completed the application process by providing all required documents, and have successfully completed the entrance agility test, you will be invited to attend orientation. Students will be accepted into the program on a first come, first served bases. 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 pass the agility test and 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.

Course Description

The Combined Fire Fighter / EMT Training and Certification Program meets all state requirements to become a State Certified Firefighter and EMT. Upon successful completion of the training program, and passing the State written and practical exams, you will be eligible for a Firefighter Certificate of Compliance provided you meet all legal requirements as outlined in Florida Statute 633.408. A Certificate of Compliance is the required Certification to work in Florida as a paid Firefighter. Provided you meet all other requirements, you will also satisfy the training requirements for the National Registry and Florida EMT certification.

This course requires a commitment from the student both physically and mentally to reach the high standards that are required to pass the State exams. Written exams and practical evaluations follow each unit of study.

Attendance

Strict attendance records are maintained, as required by the Bureau of Fire Standards and Training (BFST). The BFST requires that the training center certify that each applicant for Firefighter II certification testing has completed a minimum of 398 hours of overall training. The training center must also verify that each applicant has met the minimum requirements for hours of training in specific subject areas. Attendance is mandatory in both EMT and Fire.

Physical Agility Assessment Evaluation (Be sure you register/pay for this test \$50.00)

Each applicant must successfully pass a two-part Physical Agility Assessment Evaluation prior to admittance into the program. This evaluation will be administered prior to Orientation. Applicants will be notified of date(s) and time of evaluation by e-mail. The following items summarize the requirements for this evaluation. Failure of any evolution will result in denial of admission into the program. No second attempts will be allowed on any of the events listed below. The candidate should dress in athletic clothing (long pants; T-shirt, and tennis shoes). **No shorts allowed!**

PART A: Aerobic Capacity Test: Walk 2 miles while wearing a Self-Contained Breathing Apparatus within 30 minutes or less.

PART B: On-Target Combat Task Test: Must be completed within 7 minutes or less while wearing a SCBA.

1. High-Rise Stair Climb - ascend the exterior stairwell to the 5th floor while carrying a section of 2½” hose.
2. Hose Hoist - hoist a roll of 2½” hose to the 5th floor window and pull the hose into the window.
3. Forcible Entry Evolution - drive a slide 5’ utilizing a 12 pound sledge hammer.
4. Hose Advance Evolution - drag a charged 1¾” hose a total of 75’.
5. Victim Rescue Evolution - drag a 125 pound victim a total of 100’ while walking backwards.

Course Length

Fire Fighter/EMT Combined - Day Total: 698 Hours / 22 Weeks / 5.5 Months

Fire Fighter/EMT Combined - Night Total: 698 Hours / 36 Weeks / 9 Months

TABE - Required Scores

Reading	Math	Language
597	627	608

Program Fees

Prior to Program Start

Physical Exam/Immunization: \$ 200.00 Approximate Fees. Individual insurance/physician varies.

Background Check : \$24.00 <https://web.fdle.state.fl.us/search/app/default>

TABE Assessment: \$25.00

Application Fee \$10.00

Physical Agility Exam Fee: \$50.00

After Orientation/Acceptance: Before the 1st day of class

Bunker Gear Rental: \$650.00

Fingerprinting Background Check: \$60.00

Date:	_____
Time:	_____
By:	_____
Rcpt #:	_____
FOCUS ID	_____

FIRE FIGHTER / EMT – COMBINED Application

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

- Day Class Start Date: _____
 Evening Class Start Date: _____

Name _____

Last	First	Full Middle	Maiden/Other Names
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Address _____

Street	Apt/Unit Number	City
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County	State	Zip
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Home Phone _____ Work _____ Cell _____

Email _____

Emergency Contact _____ Phone Number _____

Are you affiliated with a Fire Department? Yes No

If yes, give department name: _____

Department contact person: _____

Phone: _____

List any current or previous Fire Service or Medical Training. Provide proof of Medical Certification or proof that you are either registered or attending a medical course.

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

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/>

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

TOBACCO AFFIDAVIT

Florida State Statute 633.412 Firefighters; qualifications for certification states:

- (1) A person applying for certification as a firefighter must:*
- (f) be a nonuser of tobacco or tobacco products for at least 1 year immediately preceding application, as evidenced by the sworn affidavit of the applicant.*

Name _____
 Last First Full Middle Maiden/Other Names

Address _____
 Street Apt/Unit Number City

 County State Zip

Contact Phone _____ Email _____

I confirm I have been a nonuser of tobacco or tobacco products for a least one (1) year immediately preceding this application as required by Florida State Statute 633.412.

_____ _____
 Signature Date

NOTARIZED

STATE OF FLORIDA
 COUNTY OF _____

On _____, _____, _____ personally
 (month and day) (year) (Applicant's Name)

appeared before me and provided _____ as identification.

 Notary Public Signature
 Commission expires: _____

AFFIX SEAL ABOVE



THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

MEDICAL EXAMINATION TO DETERMINE FITNESS FOR FIREFIGHTER TRAINING
BUREAU OF FIRE STANDARDS AND TRAINING

Please print legibly.

NAME: LAST	FIRST	MI	STUDENT ID
TRAINING CENTER	EMAIL ADDRESS	CONTACT PHONE NUMBER	

For the medical professional conducting the examination: The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of a firefighter as described on page 2. Authority for this examination is FS 633.34 and is required before an individual starts firefighter training.

This medical examination must be completed by a physician, surgeon, or physician’s assistant per ch. 458; or an osteopathic physician, surgeon, or physician’s assistant per ch.459; or an advanced registered nurse practitioner per ch. 464.

Examination should include but is not limited to:

Dermatological system, Cardiovascular system	Ears, eyes, nose, mouth, throat
Clinical evaluation of 12 lead EKG	Auditory hearing in the pure tone
Systolic and Diastolic Blood pressure	Far visual acuity corrected or uncorrected
Respiratory system	Peripheral vision
Gastrointestinal system	Genitourinary system
Endocrine and metabolic systems	Musculoskeletal system
Neurological system	

For the medical professional conducting the examination to complete: (Sign in appropriate box)

Based on the results of this medical evaluation, the applicant:

<p>Has no pre-existing or current condition, illness, injury or deficiencies. <u>The applicant is medically fit to engage in firefighter training.</u></p> <p>Signature _____</p>	<p>Has a pre-existing or current condition, illness, injury or deficiency that presents a safety or health risk in the environment or job functions of a firefighter. <u>The applicant is not medically fit for firefighter training.</u></p> <p>Signature _____</p>
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Completion Required (please print)

Name of signature: _____ Date signed: _____

Office Telephone number: _____

Office address: _____

DFS-K4-1022 Original Effective Date 9/07/81, Amended Date 01/01/09

MEDICAL EXAMINATION CONTINUED

Essential Job Tasks and Descriptions from NFPA 1582, 2007 edition

1. Performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting, carrying heavy objects, ventilating roofs or walls using power or hand tools, and forcible entry), rescue operations and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.
2. Wearing an SCBA, which includes a demand valve–type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.
4. Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more and carrying equipment/tools weighing an additional 20 to 40 lbs.
5. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).
6. Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility.
7. Advancing water-filled 2 ½ diameter hose lines from fire apparatus to occupancy [approximately 150 ft.], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.
11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.
12. Ability to give and comprehend verbal orders while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers), hear alarm signals, hear and locate the source of calls for assistance from victims or other firefighters.
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.

DFS-K4-1022 Original Effective Date 9/07/81, Amended Date 01/01/09

HEALTH CERTIFICATE - Emergency Medical Services Programs

Name: _____ 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

This is to certify that 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

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 first birthday and no less than one month apart (inactivated measles vaccine were 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 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

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.				