

## Firefighter / Emergency Medical Technician- COMBINED APPLICATION

We are now accepting applications for the next Firefighter/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. Be a nonuser of tobacco or tobacco products for at least 1 year immediately preceding application.
4. Submit the signed **Medical Examination to Determine Fitness for Firefighter Training** included in this packet to determine fitness for firefighter training.
5. 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.
6. Submit negative drug screen WITHIN 6 MONTHS OF CLASS START 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.**
7. 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.
8. Successfully pass **Physical Agility Assessment Evaluation** and attend mandatory orientation.
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](http://www.floridahealth.gov/licensing-and-regulation/emt-paramedic/index.html). **Customer Contact:** 850-488-0595

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

## Application Checklist

**Step One:** To register as an FCTC student.

- Request your 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. Click here to learn how to submit your official sealed Transcripts. <https://fctc.edu/transcripts/>
- Apply for **Federal Student Aid**. Go to [www.fafsa.ed.gov](http://www.fafsa.ed.gov). FCTC's school code is **012544**. For more information, click [Financial Aid](https://fctc.edu/financial-aid/). <https://fctc.edu/financial-aid/>
- Go to your program on [FCTC.edu](http://FCTC.edu) and click on **Create My FCTC Account** to start your pre-registration.
- Upon receipt of your official transcripts, you will receive email notification which will determine your **assessment requirements**. See page 5 for more information.
- Complete the Application packet** which includes [Florida Residency Affidavit](#) and all required documents, print and pay at Registration on the Main Campus located at 2980 Collins Avenue in Building A (904) 547-3282.

**Step Two:** To apply 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 **Assessment Scores** or **Basic Skills Exemption**
- Valid driver's license
- Tobacco Affidavit** (attached)
- Medical Examination for Firefighter Training**
- Health Certificate/Physical Exam** (attached)
- Immunization Record**
- Negative Drug Screen**
- Background Check** <https://web.fdle.state.fl.us/search/app/default>
- Register for **Physical Agility Exam**
- Submit Application**

Please review the Public Safety Calendar on the [website program page](#) for mandatory orientation and early application dates.

**All steps must be completed before submitting your application and registering for classes.  
Only completed application packets will be accepted.**

## 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, 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. Instructions will be provided at orientation. 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

### Course Description

This 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.

### 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 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 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 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 [fctc-studentadvising@stjohns.k12.fl.us](mailto:fctc-studentadvising@stjohns.k12.fl.us).

### 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

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 email.

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 which includes long pants, T-shirt and tennis shoes. **No shorts allowed!**

**PART A:** Aerobic Capacity Test: Walk 2 miles while wearing self-contained breathing apparatus (SCBA) 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 5<sup>th</sup> floor while carrying a section of 2½” hose.
2. Hose Hoist- Hoist a roll of 2½” hose to the 5<sup>th</sup> floor window and pull the hose into the window.
3. Forcible Entry Evolution- Drive a slide 5’ utilizing a 12-pound sledgehammer.
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

**Firefighter/EMT Combined - Day**

**Total:** 792 Hours / 27 weeks

**Firefighter/EMT Combined - Night**

**Total:** 792 Hours / 42 weeks

#### Program Fees

Go to your program at [FCTC.edu](http://FCTC.edu) and click on **Program Costs** for a complete cost breakdown.

#### Assessment Score Requirements

Once your official transcripts (high school, GED or college) are reviewed, you will receive an email letting you know if you will need to take an assessment to determine your reading and math abilities or if you are basic skills exempt.

To take the assessment, you can pay in person or call (904) 547-3383 or (904) 547-3381 to make an over the phone payment. Then, to schedule your appointment, contact the Test Center by emailing [fctctesting@stjohns.k12.fl.us](mailto:fctctesting@stjohns.k12.fl.us) or calling (904) 547-3390.

For those who are interested in assistance to prepare for assessments, Academic Coaching <https://fctc.edu/programs/coaching/> is offered through Adult Education by emailing [adult-ed@stjohns.k12.fl.us](mailto:adult-ed@stjohns.k12.fl.us) or calling (904) 547-3434.

	CASAS		TABE Scores		
	Reading	Math	Reading	Math	Language
<b>Firefighter/EMT Combined</b>	244	241	597	627	608

**Once accepted, the below requirements are due for the first day of class**

- Bunker gear rental
- Fingerprinting background check
- State Fire Marshall application and testing fee



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

## Firefighter / EMT – COMBINED APPLICATION

- 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
County	State	Zip

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

\_\_\_\_\_

**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 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





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><b>Has no pre-existing or current condition, illness, injury or deficiencies. <u>The applicant is medically fit to engage in firefighter training.</u></b></p> <p>Signature _____</p>	<p><b>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></b></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

## 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 40lbs.
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 (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 2<sup>nd</sup> and 3<sup>rd</sup> vaccinations as scheduled to REMAIN in the program.*

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

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

## Florida Residency Affidavit 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.

Name of Student \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Students 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.

**Please indicate which required Florida residency supporting documents you are providing:**

<p><b>TIER 1: MUST have at least one from this tier</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Florida driver license or State of Florida IDcard</li> <li><input type="checkbox"/> Florida voter registration</li> <li><input type="checkbox"/> Florida vehicle registration</li> <li><input type="checkbox"/> Proof of permanent home in Florida which occupied as primary residence by student of parent/legal guardian (if student is dependent)</li> <li><input type="checkbox"/> Proof of homestead exemption in Florida</li> <li><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</li> <li><input type="checkbox"/> Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period</li> <li><input type="checkbox"/> Proof of active duty residing or stationed in Florida</li> </ul>	<p><b>TIER 2:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Declaration of domicile in Florida</li> <li><input type="checkbox"/> Document evidencing family ties in Florida</li> <li><input type="checkbox"/> Florida professional or occupational license</li> <li><input type="checkbox"/> Florida incorporation</li> <li><input type="checkbox"/> Proof of membership in a Florida-based charitable or professional organization</li> <li><input type="checkbox"/> Any other documentation that supports the student's request for resident status (Examples: utilities bills for 12 months, lease agreement for 12 months)</li> </ul>
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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
		<input type="checkbox"/>	<input type="checkbox"/>

### 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 classes of the term 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, and certain Visa categories
- Independent persons (not claimed by anyone other than themselves for Federal Income Tax purposes), who have resided, and been employed in a permanent, full-time position, in Florida for the last 12 months or more.
  - o **Independent:** 24 years of age or older; married (must provide marriage certificate if student is under 24); has children who receive more than half of their support from the student; has other dependents who live with and receive more than half their support; is a veteran of the U.S. Armed Forces or is currently serving on active duty (provide DD214); both of the student’s parents are deceased (provide death certificates); student was (until age 18) a ward of the court.
  - o **Dependent:** All students who do not meet the definition of an independent student shall be classified as dependent.
- Either parent or legal guardian of a dependent child. Federal Income Tax documents will be required to prove dependency. The term “dependent child” means any person, whether or not living with his/her parent or legal guardian, who is eligible to be claimed by his/her parent or legal guardian as a dependent under the Federal Income Tax and who receives more than 50% of the true cost of living expenses from his/her parent or legal guardian.

#### 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 _____