

Application Checklist for Firefighter/Emergency Medical Technician-Combined

Program Requirements

- Students must be 18 years of age by the first day of class.
- A high school diploma, GED or higher degree is required to enter this program.
- Student must be a non-user of tobacco or tobacco products **at least one year** preceding application.
- Students must successfully pass the Physical Agility Test and attend a mandatory Orientation to enter this program.

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

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

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

Refer to 633.412 Firefighters: qualifications for certification <https://flsenate.gov/Laws/Statutes/2025/633.412>

CONVICTED AND/OR REGISTERED SEXUAL OFFENDERS OR ANYONE WITH A FELONY DRUG CONVICTION WILL NOT BE ADMITTED TO THIS PROGRAM. It is recommended, if you have a misdemeanor or felony on your record, to contact the Florida Department of Health to ensure that acquiring a state or national certification will not be affected. <http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/licensing/index.html>. **Customer Contact (850) 488-0595** and the Florida Bureau of Fire Standards and Training FireCollegeStandards@MyFloridaCFO.com **(352) 369-2812** to determine if you are eligible to obtain a State of Florida Certification. **Applicants with a record of abuse (child, elder, sexual or violent felony) may result in automatic disqualification of licensure.**

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

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

Application Checklist

The following are required for a complete application packet.

*All documents, except transcripts, must be submitted in **PDF format**, if submitted electronically.*

- Ensure you have an **FCTC account**. Create your FCTC account at <https://fctc.edu/account/>. If you have an existing FCTC account, do not create a duplicate account
- Request your **final official sealed high school or GED transcripts**. If you have an Associate degree or higher, this can be sent in lieu of high school or GED transcripts. Go to <https://fctc.edu/transcripts/> to learn how to submit your final official transcripts.
 - *If you do not have a high school diploma, please contact Recruiter@FCTC.edu to learn how to move forward.**
 - Once your official transcripts have been reviewed, you will receive an email detailing next steps. You will be notified if you need to schedule and take the CASAS assessment test. CASAS scores must be on file unless you meet the basic skills exemption requirement. *See below regarding accommodations.*
- Online Application:** FCTC will send you an email with instructions after your transcripts are received and reviewed. Complete your online application through your FOCUS account and submit
- A clear legible scanned copy of your **high school, GED or higher degree DIPLOMA** with a solid background
- A clear legible scanned copy of your valid **driver's license** or **government issued identification** with a solid background
- Notarized Tobacco Affidavit**
- Health Certificate** signed by Licensed Physician, Advanced Nurse Practitioner, Registered Nurse or Physician Assistant
- Immunization Records**
- Negative Tuberculin (TB) Results** within one year of program start date. The TB results must include the student's name and name/credentials of a Licensed Physician, Advanced Nurse Practitioner, Registered Nurse or Physician Assistant. The TB results must remain valid throughout the program. Students may need to update their TB test during the program.
- Negative Drug Screen** submitted directly by medical facility
- FDLE Background Check Results**
- Complete **Florida Residency Affidavit for Tuition Purposes** and provide copies of two qualifying documents to prove residency
- Application documents should be uploaded to your FOCUS account. Please see **IMPORTANT STUDENT LINKS** in your FOCUS account portal and click on How to upload **ADMISSIONS documents** to FCTC PDF

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

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

Auxiliary Aid and Accommodations

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

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

Admissions Processing Timeline

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

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

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

Once your application packet is complete, you will be contacted to pay the application and agility fees. Following the application deadline for each program, students will receive an email detailing instructions for the Physical Agility Assessment Evaluation.

Applicants who successfully pass the agility test will be required to attend a **mandatory** orientation to be considered for acceptance into the program. Acceptance emails are sent after orientation containing registration details. Applicants who do not attend agility, do not pass agility, or who do not attend the **mandatory** orientation will not be allowed to move forward in the enrollment process. Applicants will then be contacted by staff to discuss enrollment options.

Seats are limited and fill on a first-come, first-served basis. Please apply early, even when there is an application deadline. When/if a program is full, applicants will be emailed about Waitlist opportunities and next steps.

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

Contact Admissions@fctc.edu if you have questions.

Physical Agility Assessment Evaluation **Separate fees apply*

Applicants with a completed application packet will be contacted to pay the agility assessment fee. Admissions processing details on page 3.

Applicants must successfully pass a two-part Physical Agility Assessment Evaluation prior to admittance into the program. This evaluation will be administered prior to orientation. To view the FCTC Fire Agility Test video, click <https://vimeo.com/463086617/07a28d2634>

Applicants will be notified of date(s) and time of Physical Agility Assessment Evaluation **by email**.

- Failure of any evaluation will result in denial of admission into the program.
- No second attempts will be allowed on any of the events listed below.
- One Physical Agility Assessment Evaluation will be held per enrollment cycle. Space is limited.
- Passing evaluation scores are valid for one calendar year.

PART 1: Aerobic Capacity Test: Walk two miles while wearing a self-contained breathing apparatus (SCBA) within 30 minutes or less.

PART 2: On-Target Combat Task Test: All tasks 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 using a rope and place the hose roll inside the window.
3. Forcible Entry – Drive a slide 5 feet utilizing a 12-pound sledgehammer.
4. Hose Advance – Drag a 135-pound weighted hose simulation for a total of 75 feet.
5. Victim Rescue – Drag a 165-pound victim for a total of 100 feet while walking backward.

TOBACCO AFFIDAVIT

Review the link below regarding the tobacco usage policy

<https://flsenate.gov/Laws/Statutes/2025/633.412>

Name _____
 First Full Middle Last 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 at least one (1) year immediately preceding this application as required by Florida State Statute 633.412

 Signature (Sign in front of notary) Date

***The Tobacco Affidavit is valid for 12 months from the date student signs.**

NOTARIZED

STATE OF FLORIDA
 COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or

online notarization this _____ day of _____, 20 _____,
 by _____ (name of person making statement).

Personally Known _____ or Produced identification _____

Type of Identification Produced _____

 Notary Public Signature
 Commission expires:

AFFIX SEAL ABOVE

Health Certificate – Firefighter/Emergency Medical Technician-Combined

Health Certificate is valid for one (1) year from Health Professional’s signature date.

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Cell Phone _____ Alt 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 Firefighter/Emergency Medical Technician-Combined program.

Applicant Print Name

Applicant Signature

Date

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

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

Health Professional’s Printed Name and Credentials

Date

Health Professional’s Signature

Medical Facility’s Address _____

City _____ State _____ Zip _____

Immunization Criteria

Immunization records must be legible and easy to decipher. FCTC prefers records from the Department of Health, specifically the DH 680 Form. Immunization records that are illegible or hard to understand may be returned and additional documents may be required. Consult with your physician to assure all requirements are met.

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

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

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

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

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

Applicant Name: _____

Varicella (chickenpox) Have you had chickenpox? Yes No

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

DPT, DT, TD or Tetanus toxoid: Tetanus immunization must be current. If you have not had a booster within the last 10 years, you must get another one. It may be either tetanus toxoid or diphtheria/tetanus (DT, TD, DTap).

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

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

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

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

DRUG SCREENING INFORMATION

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

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

Drug Screening Steps

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

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

WHAT IS AN 8-panel DRUG TEST?

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

In the context of drug screening, the word "panel" refers to the specific type of drug, or the family of drugs, that a specific test can recognize. Thus, an 8-panel drug test can identify the presence of eight different substances. Panel tests can be completed using urine or blood samples. FCTC will not accept saliva samples for drug tests.

Results can be sent multiple ways:

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

FCTC will NOT accept unofficial copies of drug test results.

FDLE Background Check Requirements

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

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

FDLE Student Background Check Ordering Steps

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

Public Safety – Medical & Professional History

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

Name _____

Phone _____ Email _____

Prior Medical Training

Yes

No

If yes, please provide details.

School _____

Program/Degree/Certificate _____

City _____ State _____

Highest Level of Emergency Certification

First Responder

EMT

Paramedic

List any current or previous public safety experience.

Are you affiliated with a Fire Department?

Yes

No

If yes, please provide details.

Department Name _____

Contact Person _____

Phone _____ Email _____