



Emergency Medical Services



Paramedic Program Application



In service to the community

**North Florida Community College
325 NW Turner Davis Drive
Madison, Florida 32340
Phone: 850-973-1673
Fax: 850-973-1713**

About NFCC

Located in rural Madison County, North Florida Community College is a public two-year college offering programs for transfer to senior universities, career training, and personal enrichment. We serve a six county area including Madison, Hamilton, Suwannee, Jefferson, Taylor, and Lafayette counties. North Florida Community College is a community college whose purposes are directed toward the needs of the area it serves. Accordingly, the college provides the students with opportunities for continuing academic and life enrichment goals; for advancing skills; and for developing judgment and values necessary for responsible citizenship in a changing society.

Accreditation

North Florida Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, GA; 404-679-4501) to award the Associate in Arts and Associate in Science degrees.

Web site address: www.sacs.org

Paramedic Programs

The North Florida Community College Paramedic Program is approved by the Florida Department of Health (DOH), Paramedic Division, and follows Department of Transportation (DOT) curriculum.

North Florida Community College Paramedic Programs

Application Process for Paramedic Programs

Applicants should carefully review the application procedures outlined in this booklet. It is the applicant's responsibility to ensure that the application process is complete.

Note: If at any time during the application process you have a change of address or other personal information, please submit this information to the Paramedic Department by supplying documentation (i.e. copy of driver's license, or marriage license) in person. This will expedite notification of acceptance status.

Any candidate who wishes to be considered for the Paramedic Program at North Florida Community College must complete the following procedures. **It is the student's responsibility to see that admission requirements are met. No notices will be sent.** The following are general procedures to be followed for all programs. Additional program specifics follow in this booklet.

Follow These Steps!

1. Complete:
 - a. Application for Admission to NFCC.
 - b. EMS Program Application. (*This packet*)
2. Submit a one-time \$20.00 application fee to NFCC's Registrar's office.
3. Submit an official high school **transcript** or GED, and official transcripts from all previous colleges or universities attended to the Registrar's office by the program's application deadline date.
4. Take the **CPT** test and achieve minimum scores. Note: If you have a degree, you are exempt from the CPT process.
5. You must hold a valid **CPR** card from an accredited agency, and have your EMT license prior to the end of the first semester.
6. Submit to a **FDLE** background check (*fingerprinting*) This must be completed prior to submitting this application. (*Contact Ellen Sherrod 973-9493 to make an appointment*)
7. Make an appointment for a **drug screen** at Down Home Medical (850-973-4590)
8. Complete the Paramedic Program application (*this packet*) and turn it in to the program director. (*please review the checklist on page 6 of this application*)

PARAMEDIC CERTIFICATE

The Paramedic

The Paramedic Certificate program follows the 1998 National Standard from the Department of Transportation and National Safety Administration to fulfill the requirements to practice, under medical direction, the art and science of out-of-hospital medicine. The goal of the program is to provide graduates who will be competent entry-level providers. Graduates are trained to prevent and reduce mortality and morbidity due to illness and injury.

The Paramedic Program

This eleven-month program is comprised of classroom, laboratory, hospital, and ambulance rotations. The Paramedic Program is taken as a certificate program (38 + 4 A&P credits), and contributes to an A.S. degree in EMS.

Paramedic Program Expenses

The following is a listing of **approximate** costs for the Paramedic Certificate and are subject to change. In addition to these costs, the candidate should allow for room, board, transportation, and personal living expenses. **Non-Florida residents must check with the Office of Admissions for tuition rates.**

Paramedic Tuition/Fee Breakdown: (please check with the Program Director for any changes)

NFCC Terms/Misc	Class	Course Fee	(Lab fee)
College application fee	Only for new students	\$20.00	n/a
Prerequisite	A&P essentials BSC 2084C	\$292.00	\$33.00
Semester 1- Spring	EMS 2603C	\$876.00	\$72.75
	EMS 2656 (<i>field internship</i>)		
Semester 2 – Summer 3C	EMS 2604C	\$1095.00	\$87.75
	EMS 2657 (<i>field internship</i>)		
Semester 3 – Fall	EMS 2605C	\$803.00	\$22.75
	EMS 2658 (<i>clinical internship</i>)		
	EMS 2659 (<i>field internship</i>)		
Vocational Student Insurance		\$18.09	
Uniforms and Equipment		TBA	
Books		TBA	
PALS		TBA	
PHTLS		TBA	
ACLS		TBA	
State exam fee		\$85.00	
NFCC Graduation Fee		\$30.00	

PLEASE NOTE: This is a selective admission program. ALL REQUIREMENTS MUST BE COMPLETED BEFORE YOU CAN BE CONSIDERED FOR PLACEMENT IN PROGRAM.

PROGRAM APPLICATION GUIDELINES

Completion of requirements for admission does not guarantee acceptance into the program. Applications are accepted on a competitive basis.

Testing:

Only College Placement Test (CPT) scores will be acceptable for the Paramedic Program.

The College Placement Test can be scheduled by calling Mrs. Sue Kinsley at (850) 973-9451 or via e-mail at kinsleys@nfcc.edu.

Test scores are valid for one (2) years for all EMS Programs

To be eligible for the Paramedic Program, you must achieve the following minimum scores in the selected areas on the CPT Test:

<u>Reading</u>	<u>83</u>
<u>Sentence Skills</u>	<u>83</u>
<u>Arithmetic</u>	<u>72</u>

Pre-requisite/Co-requisite

Anatomy & Physiology can be taken as either a pre-requisite or co-requisite. A minimum of BSC 2084C (Essentials of Anatomy & Physiology) is required.

BSC 2085C (Anatomy & Physiology 1) AND BSC 2086C (Anatomy & Physiology II) is the only other alternative.

Anatomy & Physiology is recommended to be completed prior to the beginning of the Paramedic Program, but must be completed no later than the first semester of the Paramedic Program with a score of no less than "C".

PARAMEDIC PROGRAM REQUIREMENTS CHECKLIST

- ___ 1. All NFCC admission requirements must be complete. All official transcripts from high school/GED and all post-secondary schools must be on file. Check with the Office of Admissions at NFCC.
- ___ 2. Acceptable CPT scores must be on file.
- ___ 3. Completion of the Paramedic Program Application.
- ___ 4. Completed NFCC Health Form signed by a Florida licensed physician or documented complete physical within 1 year.
- ___ 5. Proof of the following immunizations: PPD within the last year; MMR; Varicella (chicken pox); Hepatitis B Series or declination; Tetanus within the last 10 years.
- ___ 6. Submit copies of your Birth Certificate
- ___ 7. Submit copies of your current State of Florida EMT card, current CPR card for Healthcare Providers, and verification of EVOC.
- ___ 8. Provide 3 letters of reference from past and present employers on letterhead.
- ___ 9. Provide copies of all diplomas and transcripts to the Career Center EMS Department. These do not have to be official copies.
- ___ 10. Submission to an FDLE background check.
- ___ 11. Submit a 250 word autobiographical sketch.

Completion of the requirements on this checklist alone does not guarantee acceptance in the Paramedic Program. Applicants are selected on a competitive basis.

AUTOBIOGRAPHICAL SKETCH

It is suggested that the applicant include personal history, family status and background, education, work experience. Indicate the factors which have influenced you to select a health career, and plans for financing your education. Applicants should feel free to include anything else which would indicate interest in and aptitude for this field. The autobiography should be typed and have a 250 word count.

ACCEPTANCE INTO THE PARAMEDIC PROGRAM

Those applicants who have been admitted on a competitive basis will be notified by the EMS Department of their provisional acceptance into the program. Final acceptance into the program is contingent upon satisfactory results from a drug screen and Florida Department of Law Enforcement background check.

Drug Screening

Program applicants are required to obtain a substance abuse drug screen. These results are important for classroom and clinical rotations and subsequent completion of the Paramedic Program. Applicants with a positive result on the drug screen will be given a reasonable opportunity to explain the confirmed positive test result. If the explanation is unacceptable and/or cannot be satisfactorily documented by the applicant's physician or the Medical Review Officer, the applicant will not be accepted into or will be dismissed from the program.

Results from the drug screen are returned to the EMS Department and will be kept in a strictly confidential file, separate from the student's record. No drug screen test results are to be placed in individual files.

Drug screens will be conducted at a time designated by the instructor.

CRIMINAL BACKGROUND CHECKS

Criminal background checks are mandated under the guidelines cited in the current Florida Statutes Chapter 435, by healthcare agencies with which NFCC has clinical, internship, and externship agreements.

Any student who has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to, any offense under the provisions of Florida Statutes or under similar statute of another jurisdiction, will be required to request an EXEMPTION from DISQUALIFICATION from each clinical agency to which they are assigned during the program. If an exemption is not allowed by any clinical agency, the student will be unable to complete the requirements for the EMS Department Program, and will not be permitted to progress through the program.

The student must give written permission before any other faculty or staff is given access to those records.

Health/Medical Record

A completed medical/health form must be submitted and approved by the Program Coordinator. A copy of this form is included in the application booklet. This health record will contain results from a physical examination and laboratory tests, including immunization records. This form must be completed no longer than 1 year prior to the start date of the Paramedic Program.

Applicants who do not meet the standards of good physical and mental health, as required by clinical facilities for safe patient care, may reapply and may be considered for the following Paramedic Program after documented resolution of the health problem. An updated health record verified by a Florida licensed physician is required.

NON-ACCEPTANCE INTO THE PROGRAM

Applicants who do not qualify for the program will be notified in writing. The applicant may reapply for the program during the following application process period.

No student will be *subject to call* or classified as *on duty* during any part of the training program (lecture, lab, or clinical).

North Florida Community College

Paramedic Program

325 Turner Davis Drive

Madison, Florida 32340

Phone: 850-973-1673

Please print or type. Submit with your application to the Career Center.

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____ SS# _____

Phone number (Home): _____ (Work): _____ (Cell): _____

Employer(s) _____

When did you successfully complete the EMT B program? Month _____ Year _____

Are you currently working on a: BLS unit _____ How long? _____

ALS unit _____ How long? _____

Volunteering for an ambulance service? _____

Which service? _____ How often do you volunteer? _____

Please list any educational courses, conferences, or certifications in addition to the EMT course (such as Fire, Police, BTLS, ALS for EMTs, etc.)

Please list any additional college courses or degrees:

Please list any community service activities in which you have actively participated within the last three years:

Are you being sponsored by an agency? _____ If yes, who is sponsoring you? _____

I attest that all information above is true and correct. I understand that false representation on this application can result in immediate dismissal from the Paramedic Program.

Signed: _____ Date: _____

In making my application to NFCC for the EMT-P Program, I certify that I meet all of the following requirements:

Please answer each question with a “Yes” or “No”

1. _____ I am 18 years of age or older.
2. _____ I have a high school diploma or GED equivalency.
3. _____ I have taken the CPT and have achieved the levels required. (Applicant will not be able to register for classes until this requirement is met.)
4. _____ I have a current CPR certification – AHA BLS for Healthcare Provider or ASHI CPR Pro
5. _____ I am able to lift and carry 125 lbs.
6. _____ I have good judgment when under stress.
7. _____ I am free from addiction or abuse to alcohol or any other drug.
8. _____ I understand that I must meet the personal appearance and grooming standards of program and clinical agencies.
9. _____ I am a certified EMT with the State of Florida.
10. _____ I have verification of EVOC training.
11. _____ I understand the above information and requirements. I have truthfully answered and completed all information.

Signature: _____ Date: _____

**North Florida Community College
Program Admission**

Paramedic _____

Associate of Science _____

Date received by EMS Department: _____

I. Personal History

Name: _____ Date of Birth _____

Address: _____ Email Address: _____

City/State/Zip: _____ Phone: (H) _____ (W) _____

Pager: _____ Cell Phone: _____

Social Security Number: _____

U.S. Citizen: Yes _____ No _____

Education (Circle last year completed)

Grade School 1 2 3 4 5 6 7 8

High School 9 10 11 12

College 1 2 3 4 5 6 7 8

Date Diploma Received: _____ GED Certificate Number: _____

School	Name & Address	MO/Year Attended	QTR/SEM Hours Completed	Major/Degree/Diploma Earned
High School				
Vo/Tech				
College/University				

Work History (List most recent first)

Employer	Address	Dates Served	Type of Work	Supervisor

(Attach additional sheets if necessary)

References

Give names and addresses of two responsible adults and/or healthcare professionals who have known you for a significant period of time. (Do not list relatives, pastor or friends/neighbors, etc.) Do list last employer if employed within last 10 years.

Name	Address	Phone Number

I have lived in _____ County for _____ years and in the State of _____ for _____ years.

Have you ever been arrested and a charge made against you other than a minor traffic citation? _____. If yes, explain:

In case of emergency notify:

Primary:

Name	Address	Relationship	Phone
------	---------	--------------	-------

Secondary:

Name	Address	Relationship	Phone
------	---------	--------------	-------

List any EMS related experience, training or certifications: *(Use additional page if necessary)*

Emergency Medical Information *(The Recruit fill this page out)*

Medications:	
Allergies:	
Blood Type:	Physician:

Notice to students with disabilities:

Any student with a disability may request assistance through the Office of Student Services. If possible, request for services should be made prior to the beginning of an academic term to insure implementation of appropriate accommodations. Students may call 850-973-1484 or 850-973-1611 (TTY) for an appointment or additional information.

ALL PROGRAMS COMPLY WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 AND DO NOT DISCRIMINATE ON THE BASIS OF RACE, AGE, NATIONAL ORIGIN, MARITAL STATUS OR HANDICAP, AND ARE ALSO IN COMPLIANCE WITH THE PROVISIONS OF THE TITLE IX OF THE EDUCATIONAL AMMENDMENTS OF 1976 WHICH PROHIBITS DISCRIMINATION ON THE BASIS OF SEX.

I CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION MAY RESULT IN MY DISQUALIFICATION FROM CONSIDERATION FOR ADMISSION TO, AND/OR DISMISSAL FROM, THE PROGRAM. I HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS NORTH FLORIDA COMMUNITY COLLEGE FROM ANY AND ALL LIABILITY BASED ON THEIR AUTHORIZED RECEIPT, DISCLOSURE AND USE OF THE INFORMATION GATHERED IN PROCESSING MY APPLICATION. I UNDERSTAND THAT IF ACCEPTED, COMPLETION IS CONTINGENT UPON A SATISFACTORY CRIMINAL BACKGROUND CHECK, PASSING A DRUG SCREEN, AND MY ABILITY TO PERFORM ALL ESSENTIAL SKILLS.

Signature _____

Date _____

Witness _____

Date _____

The material attached to this application form is part of the application. The applicant is responsible for submitting all portions of the application to:

**ATTN: Albert M Leggett
North Florida Community College
EMS Programs
325 NW Turner Davis Drive
Madison, Florida 32340**

North Florida Community College EMS Program
Physical Examination Form/Immunization Record

To be completed by a licensed physician

Exam Date _____

Student's Last Name _____ First _____ Middle _____ SS Number _____

1. Significant family history _____
2. Significant past history _____
3. Does the applicant have any disease or is any treatment being followed that should periodically be evaluated?

4. Has the applicant had surgery? _____ If yes, please list (including dates)

5. Does the applicant take any medication? Yes ___ No ___

6. Does the applicant have any allergies? Yes ___ No ___

Please list: _____

General Appearance _____ Weight _____ Height _____ Pregnant? Y N

Eyes _____ Vision Rt _____ Vision Lft _____ Color Blind? _____ Nose _____

Ears: _____ Hearing Rt _____ Hearing Lft _____ Throat _____ Tonsils _____

Neurological _____ Abdomen _____ Hernia _____

Genito-urinary _____ Skeletal System _____ B/P _____

Chest _____ Lungs _____ Heart _____ Murmurs _____ Rate _____

LAB TESTS: date given/date read Induration:

PPD: _____/_____/_____ mm VDRL-RPR _____ Urine Sugar _____ Albumin _____

Communicable Diseases	Immunizations	Attach all vaccine and titer report
Mumps? Y N	MMR	
Rubeola? Y N	Series: Yes Date	Booster:
Rubella? Y N	No	If born before 1956, must have Rubella Titer
*Varicella? Y N	Varicella Vaccine:	Varicella Booster:
Pertussis? Y N	DPT:	D/T Booster:
Hepatitis B? Y N	**Heptavax Series #1 Heptavax Series #2 Heptavax Series #3	(dates)

***If yes, the student must sign notarized statement; If no, student must have vaccine or titer drawn**

****See Heptavax Memorandum: If vaccine refused, student must submit a waiver.**

In your opinion, is there any reason that the applicant should not participate in the clinical activities related to the _____ Program? Yes ___ No ___. If yes, please attach an explanation.

Do you consider the applicant physically and emotionally stable to work as a healthcare professional?

Yes ___ No ___. If no, please attach an explanation.

SIGNED: _____ M.D. LICENSE NO. _____

CITY: _____ STATE: _____

Student's Name

IMMUNIZATION RECORD

STUDENTS ENROLLED IN NORTH FLORIDA COMMUNITY COLLEGE ALLIED HEALTH PROGRAMS MUST READ AND SIGN THIS STATEMENT BEFORE PARTICIPATING IN ANY CLINICAL EXPERIENCES:

I understand that in the course of student learning experiences associated with North Florida Community College EMS classes, I may be exposed to blood and/or other infectious materials causing me to be at risk of acquiring Hepatitis B Virus (HBV) infection.

I further understand that this virus has the potential to cause serious deleterious effects on health, including (but no limited to) cirrhosis, cancer of the liver, and loss of life. Five (5) to ten (10) percent of infected persons become "carriers" of the disease. Therefore, North Florida Community College strongly recommends that students begin Hepatitis B vaccination prior to beginning any clinical experiences. The institution does not guarantee immunity if the vaccination process is begun, but recommends the vaccination on the basis of prudence and "best course of action."

PLEASE CHOOSE ONE STATEMENT BELOW:

A. I have in fact completed or begun the Hepatitis B vaccination

Student's Signature

Date

Typed or Printed Name

Date of Immunization

B. At this time I decline such Hepatitis B vaccination. By my signature I acknowledge that I am willing to assume my own personal responsibility for the risk of acquiring Hepatitis B virus through any activities associated with the North Florida Community College Allied Health Programs.

Student's Signature

Date

Typed or Printed Name

Paramedic Application Check-Off List:

Date Received _____ NFCC Student ID _____

Student Name: _____

Address: _____

Phone: _____

SS #: _____

	received	needs
NFCC Application		
Completed Vo-Tech Paramedic Application Form		
CPT Test Required		
Sentence Skills _____ Reading _____ Arithmetic _____		
High School and/or college transcripts or copy of diploma		
Copy of EMT license		
3 letters of reference		
Proof of county residence		
a. Copy of Driver's License		
Copy of Birth Certificate		
Immunization records		
MMR		
Hepatitis B		
Tetanus		
TB skin test		
Varicella titer		
Physical information		
Drug Screen will be scheduled at a later date		
Background check completed		
250 word autobiographical sketch		
A&P transcript		