



Emergency Medical Services

EMT-B 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

EMS Programs

The North Florida Community College EMT-B program is approved by the Florida Department of Health (DOH), EMS Division, and follows Department of Transportation (DOT) curriculum.

North Florida Community College
Programs in Emergency Medical Services

Application Process for EMS 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 EMS Department by supplying documentation (i.e. copy of driver's license, or marriage license) in person. This will expedite notification of acceptance status.

Any recruit who wishes to be considered for the EMT 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 is the procedure to follow for entry into the NFCC EMT-B program:

Follow these Steps!

1. All applicants must be at least 18 years of age, be a high school graduate or have achieved a GED diploma. (*Dual enrollment students may be excluded from this requirement*)
2. Prospective students who have **never been a student or have not attended NFCC in the past 1 year** must complete an *Application for Admission* to NFCC. **That would be the School application, NOT the EMT program application you are looking at now. You must go to the registrar's office to do this.**
3. Next must take the **TABE** test. If you have already taken the TABE, it must be less than 2 years old. All students are required to meet the minimum program Requirements. (*If you have a degree, you are exempt from the TABE process*)
 - a. Reading = 10 or higher
 - b. Language = 10 or higher
 - c. Math = 10 or higher

The TABE can be scheduled by calling Mrs. Sue Kinsley at 850-973-9451.

4. Request official transcripts from your high school and any college you have attended.
5. 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*)
6. Make an appointment for a drug screen at Down Home Medical (*850-973-4590*)
7. Complete and submit this application once completed to the EMS Program, Director.

Emergency Medical Technology (EMT)

The Emergency Medical Technician Basic (EMT-B)

The EMT-B performs basic life saving skills including: patient assessment, opening airways, restoring breathing, controlling blood loss, treating victims of shock, immobilizing fractures, bandaging wounds, childbirth assistance, treating heart attack victims, caring for poison and burn victims, and transportation of patients. The EMT-B can work for police, fire and rescue squads, private ambulance services, and hospitals.

The EMT-B Program

The EMT-B program consists of four co-requisite courses. Successful completion of the EMT-B program prepares the student to deal with pre-hospital emergencies in an efficient and competent manner. It also qualifies the student to take the Florida State EMT Certification Examination. Emergency Medical Technician Basics are vital links in the pre-hospital health care delivery system and must possess special qualities. These include responsible and dependable behavior under stress, dedication to duty, physical and mental well-being, and a commitment to assist patients in need. **Prior to classes beginning, students must meet the personal appearance and grooming standards, immunization, and health requirements established by North Florida Community College.**

*For more information contact the EMS Programs Director,
Mac Leggett, at 850-973-1673.*

EMT-B Program Curriculum

11 Credits	Credits
EMS 1119 Fundamentals of Emergency Medical Technology	6
EMS 1119L Emergency Medical Technician Skills Laboratory	3
EMS 1411 Emergency Medical Technician Hospital Clinical	1
EMS 1421 Emergency Medical Technician Rescue Practice	1

*You must register for all four courses.

*All courses require a grade of 80 or higher for completion.

EMT-B Program Expenses

The following is a listing of *approximate costs* for the EMT Applied Technology Diploma program and is 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 the Registrar for tuition rates.

1. EMT-B tuition is approximately \$1100 (for Florida residents)
2. Additional fees NFCC EMT-B Supply Fee:
 - Insurance (liability) \$18.50
 - Drug Screen \$50.00
 - FDLE background check (fingerprinting) \$60
 - Book Fee is approximately \$100
 - One-time NFCC Application Fee \$20.00
 - State Exam Fee \$75.00

EMT-B Requirements and Checklist

These requirements must be met before the applicant is allowed to register for an EMT-B courses.

- ___ 1. Complete NFCC Application and pay \$20.00 Admission Fee
- ___ 2. Complete EMS Program Application
- ___ 3. Must be 18 years of age or older. Attach a copy of birth certificate and driver's license to EMS Application (*dual enrollment may be waived*)
- ___ 4. A copy of high school diploma or GED certificate must be on file with the EMS Application. Official high school or GED transcripts must be on file with the Office of the Registrar of NFCC. (*dual enrollment may be waived*)
- ___ 5. Testing:
 - a. **TABE:** attach a copy of TABE to application
 - b. TABE is waived **only** for those students who have completed a degree program at an accredited institution, and all transcripts are on file with the Office of the Registrar of NFCC.
- ___ 6. An NFCC Health Form must be completed and attached to the EMS Application by a licensed physician. Required immunization includes Tetanus, TB skin test, Varicella titer, MMR, and Hepatitis B. .
- ___ 7. Completion of a 250 word count Autobiographical Sketch.
- ___ 8. Hold a valid CPR card from an accredited organization.

In addition, the applicant must verify the following on the EMT-B application:

- ___ 8. Be able to lift and carry 125 lbs.
- ___ 9. Have good judgment under stress.
- ___ 10. Be free from abuse of alcohol or any other drugs.
- ___ 11. Be willing to meet the personal appearance and grooming standards of the Program and clinical agency.

Autobiographical Sketch

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

North Florida Community College
Emergency Medical Technician Basic 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: _____

Social Security #: _____ Age: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____
Street City, State Zip Code

Emergency Contact: _____
Name Phone

Any Academic or Professional Degrees or Training Programs:

Any community service involvement in past five years:

Present Employer: _____

Signature: _____ Date: _____

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

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

_____ I am 18 years of age or older. (*dual enrollment may be waived*)

_____ I have a high school diploma or GED equivalency. (*dual enrollment may be waived*)

_____ I have taken the TABE and have achieved the levels required. (Applicant will not be able to register for classes until this requirement is met.)

_____ I am able to lift and carry 125 lbs.

_____ I have good judgment when under stress.

_____ I am free from addiction or abuse to alcohol or any other drug.

_____ I understand that I must meet the personal appearance and grooming standards of the Program and clinical agencies.

_____ I understand the above information and requirements. I have truthfully answered and completed all information.

Signature: _____ Date: _____

**North Florida Community College
EMT-B Program Admission**

Date received by Career Center: _____

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
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Secondary:

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

Emergency Medical Information (*Recruits fill out this section*)

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 you 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