



EDISON STATE COLLEGE

Emergency Medical Services Technology Program Application Process

Emergency Medical Technician & Paramedic

PLEASE READ CAREFULLY

APPLICATION FOR SUMMER 2012 ONLY

IMPORTANT - The EMS certificate programs (EMT and Paramedic) are limited admission, requiring completion of the *Application for EMS Programs*, and acceptance into the program by the College EMS department. Completed applications will be accepted in person, or via USPS mail. Completed applications will be accepted in order of receipt. **Incomplete applications will be returned to the student. All copies required are the responsibility of the student, Edison will not make copies.**

IN PERSON - Applications will be accepted in person at the Edison State College **Lee Campus, Building B, Room 115b** on *February 16 through April 5th, 2012, Monday - Thursday 9am - 4pm*. Applications that are not complete will not be accepted, and will be returned to you.

Applications will be accepted in person at the **Charlotte Campus Building C-103 or the Collier Campus room E-207** **BY APPOINTMENT ONLY**. Call **239-489-9108 OR 239-601-5163** to make an appointment.

BY MAIL - Applications received by mail must be postmarked *February 16 through April 5th, 2012*. Applications that are not complete will not be accepted, and will be returned to you. **If your application is postmarked prior to, or following the acceptance dates provided, it will not be accepted, and the entire application will be returned to you.**

Mail Completed Application to:

Edison State College
Lee Campus - EMS/Fire Programs
8099 College Parkway
Fort Myers, FL 33919

APPLICATION ACCEPTANCE PROCESS - Complete applications will be accepted in the order of receipt and **until the program is full**. Specific information on class registration will be sent to you. The College will send this information to your Edison email address **ONLY**. You can forward your Edison emails to your main email account by logging into your portal, clicking on E-mail (top right), then options.

APPLICATION STEPS AND APPLICATION PACKET CHECKLIST:

1. Apply to Edison State College. Apply online or in person at any campus registration office.
www.edison.edu/admissions/newstudent.php

CURRENT EDISON STUDENTS: If you are a current Edison State College student (if you have attended Edison in the last 12 months), you will not need to reapply in person to the College, but will need to verify that you are in the declaring the appropriate program /degree code. If you are currently seeking an associate degree in Emergency Medical Services, or if you need to change your major, you must complete a “Change of Student Data” form, available at registration and/or advising offices, district wide or look for “Name/Address Change Form” at <http://www.edison.edu/registrar/>. In addition to any other degrees or certificates, you must also indicate that you are EMT or Paramedic Certificate seeking.

FINANCIAL AID: Financial aid information and the steps required to apply for financial aid are available through the Edison State College office of Financial Aid. Please see the financial aid office or visit the financial aid website for additional information.

<http://www.edison.edu/financialaid/>

2. Program Admission Testing Requirements - Provide a copy of test scores, official or unofficial transcripts with your program application. Provide original transcripts to Edison State College. (See below on EMT and Paramedic requirements).

Applicants must meet one of the following requirements:

- Received an Associate’s Degree or higher from a regionally accredited institution.
 - FCELPT (CPT): minimum scores - Reading (104), Writing (99), and Math (113). Test date must be within the previous two years.
 - ACT or SAT within the last two years, bring a copy of your test scores with your application. – ACT scores minimum scores 17 English, 18 Reading and (19 Math Paramedic Applicants Only) – SAT 440
 - If you have taken college-level English and Math, bring a copy of your transcripts/unofficial (must clearly indicate your name and the institution).
 - **EMT applicants** are required to complete college placement testing to assist in determining English, Reading, and Math ability. EMT students **must pass the reading and writing** portions of the placement exam, be exempt or have completed all remedial course work prior to acceptance into the EMT program.
 - **Paramedic applicants** are required to complete college placement testing to assist in determining English, Reading, and Math ability. Paramedic students **must pass ALL portions** of the placement exam, be exempt or have completed all remedial course work prior to acceptance into the Paramedic program. Future paramedic students are required to have successfully completed course work through Math 9024 at the time of application.
- **Charlotte Campus** Testing is available by appointment - (941) 637-5632.
 - **Collier Campus** Testing is available by appointment - (239) 732-3703 or (239) 732-3789.
 - **Hendry/Glades Centers** Testing is available by appointment - (863) 674-6023.
 - **Lee Campus** Testing is available by appointment - (239) 489-9237 or come to the Assessment Center, Areca Hall, Building P, Room 207.

Testing Preparatory materials can be found at:

http://www.edison.edu/assessment/FCELPT_Study_Guide.pdf

Following the completion of your entrance exam, you must see an Edison State College advisor for

evaluation of your results. **You are eligible to retake the entrance exam once after 30 days, to improve test scores if needed.** Refer to the Edison State College catalog, Assessment Services for additional information.

3. EMS Program Health Form-this is to be completed by your doctor (or other healthcare provider) and attach the original with your program application.

Take the Health Form to your family physician or a walk in clinic. The physician or other healthcare provider, not the student, must fill out the form and sign in the appropriate locations.

IMPORTANT: The Health Form must be **completed and signed by a healthcare provider** and returned to the EMS Office. **NO** student will be permitted into any clinical or internship site without this completed health report on file. *Incomplete forms or missing documentation will cause delay or denial of your program application. The Health Form is 2-pages and both pages must have both the healthcare provider and applicant's signature.

4. Complete a Cardio-Pulmonary-Resuscitation (CPR) Course – Provide a copy of front and back of the card with you program application.

Provide a copy of the completed CPR card (both sides) that is valid through the length of the course. **CPR card must be from one of the State Approved Agency** listed below:

- American Heart Association: **Health Care Provider**
- American Red Cross: **Professional Rescuer**
- American College of Emergency Physicians: **Professional Rescuer CPR**
- AAOSA/ACEP Emergency Care & Safety Institute: **Professional Rescuer CPR Pro (Initial)**
- American Safety & Health Institute: **CPR Pro for the Professional Rescuer (Initial)**
- EMS Safety Services: **CPR/AED for the Professional Rescuer**

CPR is available through Edison State College Continuing Education Department. Go to <http://www.edison.edu/ce/> for information on Edison CPR courses.

5. Copy of your Driver's License or State approved photo identification - provide with the program application.

6. Complete the VECHS Waiver Agreement and Statement form – provide with the program application.

This is part of your application packet. The **ORIGINAL** must be submitted **with** your application (no copies or facsimiles are accepted per FDLE).

7. Complete the Application form – provide with the program application.

Complete the entire form. Include your banner number and Edison email.

8. Complete the Student Computer and Internet requirement form – provide with the program application

This is part of your application packet. The form will be witness by an ESC representative at the time of application submission.

9. Pay \$15.00 Application Fee (non-refundable). Provide a copy of the receipt with the program application.

EMS Program Application payment to be made at Edison Cashier's Office at any campus. This payment cannot be made online.

10. PARAMEDIC APPLICANTS ONLY – Provide a copy of your EMT card with the program application.

Copy of valid state of Florida EMT certification. Paramedic certificate seeking students must possess Florida certification as an EMT or have applied and provide a Florida State test date or proof of application prior to admission. Students must receive Florida State certified within 90 days of commencement of the program. Students will be dismissed from the paramedic program with no refund if not certified within the 90 day time period. **Priority is given to students who hold current Florida EMT-certification at the time of application. For additional information contact the Program Director at (239) 489-9108**

11. Fingerprints and Background Check – Please read below

Thoroughly read the Criminal Background Check (CBC) and Drug Screening (DS) on pages 5-7.

Each applicant is required to inform the Program Coordinator in writing of *any arrests* (regardless of conviction) or criminal charges on his/her record in any state or national jurisdiction upon submission of an application for enrollment to the program. This information needs to include a personal explanation of circumstances for possible review by committee.

Students who have charges pending or who are currently serving probation and/or parole are not eligible for admission into the program.

Once your application is provisionally accepted; students will be given instructions on how to complete the CBC (fingerprints) and Drug Screen portion of the application process.

- The CBC package includes fingerprints and a drug screen; the cost is \$87.00 and is nonrefundable.
- Outside/previous fingerprints or drug screen results are NOT accepted by the College.
- Failure to obtain the required CBC by the assigned date will result in rejection of the application.

Emergency Medical Services Programs Criminal Background Check (CBC) and Drug Screening (DS)

As a requirement to attend clinical and internship rotations, you must submit and pass a Urine Drug Screen and **Level II** Criminal Background Check (fingerprints). This policy applies to all EMS Program students and is designed to provide a safe environment for patients, visitors, faculty, employees and students at Edison State College and its affiliated entities.

Criminal background checks (CBCs) and Drug Screens (DS) allow the EMS Programs to evaluate whether students possess the *character* and *fitness* to participate in clinical and intership activities.

Each applicant is required to inform the Program Coordinator in writing of any arrests (regardless of conviction) or criminal charges on his/her record in any state or national jurisdiction upon submission of an application for enrollment to the program. This information needs to include a personal explanation of circumstances for possible review by committee.

Students who have charges pending or who are currently serving probation and/or parole are not eligible for admission into the program.

Some criminal offenses may preclude students from participating in patient care. Additionally, the State of Florida Bureau of EMS prohibits certification for those convicted of specific offenses. Therefore, students applying for, or are enrolled in, the EMS Programs are subject to statutory and/or regulatory requirements independently imposed by law *or as required by affiliating agencies*. This criminal background screening ensures consistency with the requirements of Chapter 435, Florida Statutes, by health care agencies with which Edison State College has clinical affiliation agreements. Background screening must be completed before students will be given permission to participate in clinical and internship rotations.

The criminal background check report must be forwarded directly from FDLE to the designated Emergency Medical Services Program office.

The Florida Department of Health Division of Medical Quality Assurance and the National Registry of EMTs require any licensure applicant who has ever been convicted or found guilty of a felony, regardless of adjudication, to explain the circumstances. Individuals affected by these circumstances will need to gain clearance from these agencies before they are allowed to take state licensure and national certification examinations that are usually required for employment.

Students must meet any and all requirements of the clinical facility or internship agency, which may be more extensive than explained here. Inability to participate in patient care or being subject to any other exclusion prescribed by law will preclude the successful completion of the required course work. *Students will also be required to report any criminal convictions subsequent to the completion of the initial criminal background check. As such, affected students may not be eligible for continuation in the program, matriculation, or graduation, if applicable.*

Criminal History Findings

Any applicant or enrolled 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 statutes in another jurisdiction may be disqualified from admission or continued enrollment in the Emergency Medical Services Program. Those offenses include but are *not* limited to:

- Murder
- Manslaughter
- Vehicular homicide
- Killing of an unborn child via injury to the mother
- Assault, if the victim of the offense was a minor aggravated assault
- Battery, if the victim of the offense was a minor
- Aggravated battery
- Kidnapping
- False imprisonment
- Sexual battery
- Prohibited acts of person in familial or custody authority

Lewd and lascivious behavior
Arson
Theft, robbery, and related crimes, if the offense is a felony
Fraudulent sale of controlled substances, only if the offense was a felony
Incest, abuse or neglect of a disabled adult or elderly person.
Exploitation of a disabled adult or elderly person
Aggravated child abuse
Child abuse
Negligent treatment of children
Sexual performance by a child
Alcohol or drug offenses which were a felony, or if the offense involved a minor
Offenses indicating unfitness to serve as a health care professional

Appeal Process

If a review of a criminal background check or medical health report deems an applicant or student ineligible for admission or continuation in the Emergency Medical Services Program, an appeal can be filed. The college's published appeal process is to be followed as found in the current catalog under "Student rights and responsibilities".

Student drug screens, criminal history reports, and medical records, when submitted, will become the property of Edison State College, and will not be available for copying or for use to meet the requirements of an outside employer or other agencies/persons. **Students who are out of their program for six months or more must submit new records.**

Drug Screen (DS)

Prospective Students seeking admission to the EMS Program should familiarize themselves with the requirements as outlined in the EMS Programs Application Packet.

Accepted Students will be informed of this policy and its requirements at the time of acceptance. Once admitted, students will be required to complete a drug screen and authorize release of the results to the appropriate academic and/or clinical personnel. A drug screen will be considered a condition of acceptance and must be completed by the date given.

Enrolled Students currently in the EMS Programs will be required to complete a drug screen and authorization release of the results to the appropriate academic and/or clinical personnel before starting their clinical rotation. *Any disruption in enrollment may require the student to undergo an additional drug screen.*

Positive drugs screens will result in immediate dismissal from the EMS Program and Edison State College as outlined in the College Catalogue. In the event that a student fails a drug screen, they will be immediately notified that s/he will be unable to complete his/her clinical and internship requirements. It is the student's responsibility to familiarize themselves with Edison State College's Drug and Alcohol Policy (Edison State College District Board of Trustees Policy 6Hx6:2.04) available in the College catalogue.

Students may be required to undergo additional CBCs and/or DSs while enrolled as an EMS Program student as deemed necessary by the appropriate program personnel (for example, Clinical Coordinator) and/or affiliated agency. The cost of all criminal back ground checks and drug screens shall be the responsibility of the student. Further, the student shall be responsible to complete all CBCs and DSs by the assigned date.

Criminal Background Check Important Points/Checklist:

- #6 above: Complete the VECHS Waiver Agreement and Statement Form A (this is part of your application packet). The **ORIGINAL** must be submitted **with** your application (no copies or facsimiles are accepted per FDLE).
- Applicants who have had any arrests -regardless of conviction you must write a letter of explanation for each arrest and provide court disposition documents WITH your application to the program at the time of application.**
- Once your application is provisionally accepted, you will be given instructions on how to complete the CBC (fingerprints) and Drug Screen portion of the application process.
 - The CBC package includes fingerprints and a drug screen, the cost is \$87.00 and nonrefundable. Outside/previous fingerprints or drug screen results are NOT accepted by the College. Failure to obtain the required CBC by the assigned date will result in rejection of the application.

Form A

Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau



VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) Edison State College, EMS Programs to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity)

(Year of Request)

I have OR have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I do OR do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Edison State College, EMS Programs

Address: 8099 College Pkwy, Ft. Myers, FL 33919

Telephone: 239-489-9114 Fax: 239-985-8310

FDLE Assigned Qualified Entity Number: V36020007

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY

7/VECHS Waiver

***If you have ever been arrested-regardless of conviction** you must write a letter of explanation for each arrest and provide court disposition documents **WITH** your application to the program (refer to pgs. 5-7).



EDISON STATE
COLLEGE
EMS
Program



Important computer and student requirements for all EMS Programs:

In order to complete the EMT and Paramedic program at Edison State College you must have the following minimum hardware and computer access available:

PC Configuration:

400 Megahertz Intel Pentium III Processor (933 preferred)
64 Megabytes RAM (128 or more preferred)
6-Gigabyte Hard Drive
56.6 Kbps Modem (or Cable Modem / DSL if available)
Adobe Flash player 10 or greater
JAVA Runtime Environment

Mac Configuration:

400 Megahertz iMac (933 preferred)
64 MB RAM (128 or more preferred)
6 Gigabytes Hard Drive
56.6 K Modem (or Cable Modem / DSL if available)
Macintosh OS 9 or greater
Adobe Flash player 10 or greater
JAVA Runtime Environment

I have read and understand the computer requirement as outlined above. I must that I have reliable and consistent access to a computer with an internet connection throughout this program.

Student Signature _____ Date _____

Witness _____ Date _____

EMS Program Health Report

Health Form must be **completed and signed by a healthcare provider** and returned to EMS Program Office. **NO** student will be permitted into any clinical or internship site without this completed health report on file. *Incomplete forms/missing documentation will cause delay or denial of your application.

NAME: _____ Banner ID: @ _____
 ADDRESS _____
 CITY: _____ STATE: ___ ZIP: _____ Phone: _____
 EMERGENCY CONTACT: _____ Phone: _____

The following are from the A.D.A.'s physical, mental, and emotional performance requirements for an entry level EMT/Paramedic. The EMS Program at Edison State College has accepted the following as requirements for all students entering the program. EMS Students must meet the following requirements:

PHYSICAL REQUIREMENTS

I have the Ability to: <input type="checkbox"/> perform repetitive tasks. <input type="checkbox"/> walk the equivalent of five miles per day. <input type="checkbox"/> reach above shoulder level. <input type="checkbox"/> hear tape recorded transcripts. <input type="checkbox"/> distinguish colors. <input type="checkbox"/> adapt to shift work. <input type="checkbox"/> perform with a high degree of manual dexterity. <input type="checkbox"/> work with chemicals and detergents. <input type="checkbox"/> tolerate exposure to dust and/or fumes.	<input type="checkbox"/> Ability to grip. <input type="checkbox"/> High degree of physical flexibility. <input type="checkbox"/> Ability to bend both knees. <input type="checkbox"/> Ability to sit for long periods of time. <input type="checkbox"/> Ability to climb stairs or ladder. <input type="checkbox"/> Ability to stand for long periods. <input type="checkbox"/> Ability to lift 25 pounds. <input type="checkbox"/> Ability to squat. <input type="checkbox"/> Ability to perform CPR. Health Care Provider: To the best of my ability from my examination and history taking on this EMS student concur that the student can perform all the listed physical requirements.
Student initials:	Healthcare Provider initials:

MENTAL AND EMOTIONAL REQUIREMENTS

I have the Ability to: <input type="checkbox"/> cope with a high level of stress. <input type="checkbox"/> make fast decisions under high pressure. <input type="checkbox"/> cope with the anger/fear/hostility of others in a calm manner. <input type="checkbox"/> manage altercations. <input type="checkbox"/> concentrate. <input type="checkbox"/> demonstrate a high degree of mental flexibility. <input type="checkbox"/> cope in an acceptable manner with confrontation. <input type="checkbox"/> handle multiple priorities in a stressful situation.	<input type="checkbox"/> Ability to assist with problem resolution. <input type="checkbox"/> Ability to work alone. <input type="checkbox"/> Ability to demonstrate a high degree of patience. <input type="checkbox"/> Ability to adapt to shift work. <input type="checkbox"/> Ability to work in areas that are close and crowded. Health Care Provider: To the best of my ability from my examination and history taking on this EMS student concur that the student can perform all the listed physical requirements.
Student initials:	Healthcare Provider initials:

Health form page 1 of 2

IMMUNIZATIONS REQUIRED (completed by Healthcare Provider)

Tetanus date _____ (*Tetanus must be less than 10 years old*)

Proof of immunity to: Varicella, Rubella, Rubeola and Mumps by blood titer test (Attach lab results). *If not immune, student is required to obtain required vaccinations (attach proof of vaccination).*

Employee Initials _____ Date: _____

Tuberculosis: Proof of a Negative PPD/TST (Attach PPD/TST results).

Current PPD/TST must be less than 3 months old at time of application submission and must be renewed annually.

Employee Initials _____ Date: _____

Students with a recent or historical positive TST must have a chest x-ray (less than 1 year). Attach copy of the report from the evaluating healthcare provider indicating no active pulmonary disease present.

Hepatitis A Date #1 _____ #2 _____ **Hepatitis B** Date #1 _____ #2 _____ #3 _____

Students who elect not to receive the Hepatitis A and/or B Vaccine will need to sign the waiver below:

WAIVER STATEMENT:

As a student, performing in clinical facilities, I understand that I may be exposed to environmental hazards and infectious diseases including, but not limited to, tuberculosis, hepatitis B, and HIV (AIDS). Edison State College recommends that all Health Program students obtain the hepatitis A and B vaccines. Proof of vaccination from hepatitis A and B may be required before certain clinical rotations. I have been informed and understand the inherent risks related to exposure to environment hazards and infectious diseases through contact with body fluids, including hepatitis B, while involved in clinical rotations. I also understand that the hepatitis A and B vaccine is highly recommended. I understand that if I elect not to have the Hepatitis A and/or B vaccine series, I agree to hold harmless all persons or entities connected with Edison State College and the EMS Program.

Student Signature: _____ **Date:** _____

EXCEPTIONS:

Please note any physical, mental, emotional abnormalities, medications or diseases which might in anyway interfere with the student's safety and/or the ability to provide safe patient care.

MEDICATIONS student is currently taking: _____

ALLERGIES: _____

This is to certify that I have examined _____ on this date and have found him/her to be in good physical, mental & emotional health, as described in the stated requirements, and appears to be without communicable disease including TB.

SIGNED: _____

(Signature of M.D., D.O., A.R.N.P., PA)

OFFICIAL OFFICE STAMP: _____ **Date:** _____

An official stamp from a doctor's office, clinic, or health department AND an authorized signature must appear below or this form WILL NOT be accepted

STUDENT to complete:

I agree I have disclosed all the physical and mental health disorders to my health care providers that could impact my performance of required tasks listed but not limited to on the front. In addition I (**PRINT NAME**) _____, give the college permission to share part, or all of the information on this health evaluation with the clinical/internship agencies or instructors to which I will be assigned.

Signed: _____ **Date:** _____

Signature of Student

Health form page 2 of 2