

Emergency Medical Technician (EMT)

Application Guide



This document is intended to be informational. The college reserves the right to change, modify or alter any/all content, in the event of unforeseen conditions or situations. It is the applicant's responsibility to be sure he/she is following the most current guide.

EMT Program Application Deadlines:

- Apply February 1st - 29th for the Summer Semester (May 2024 start)
- Apply March 1st - April 30th for the Fall Semester (August 2024 start)
- Apply Sept 1st - Oct 31st for the Fall Semester (January 2025 start)

Deadlines may be extended in order to meet capacity of class offerings.

To be considered for the EMT Program students must first complete the FSW College Admissions process by visiting <https://www.fsw.edu/admissions>

Students must be in good academic standing. Students with previous college credits must have a cumulative GPA of a 2.0 or higher.

FSW must receive and evaluate your official high school/ or equivalent transcripts and all college transcripts before registration can occur.

The EMT application requires that all students create and upload all required documentation to Castle Branch prior to completing the EMT Application.

The EMT Application can be found online at <https://www.fsw.edu/academics/programs/certemt>

There is a \$15 application fee that must be paid when submitting the application.

Once you have completed the college admissions process you are ready to begin working on the next steps. *Application and campus selection will not be processed until all requirements are fully complete.*

STEP ONE



Castle Branch- Create your Castle Branch account by visiting <http://www.castlebranch.com> and "Place Order" There is a \$30.00 fee for this segment of the application process. **Add Package Code: ED01im**

→ Schedule an appointment with your physician or visit a walk-in clinic to have the medical criteria completed. All of the items below need to be documented and uploaded to Castle Branch.

1. Physical Examination - [Complete \(2\) page EMS Program Health Report](#)



2. You will need to upload the following documentation (proof of immunity or appropriate vaccination record:

- ☐ **MMR (Mumps, Measles, and Rubella)**

The acceptable evidence of immunity to mumps, measles, and rubella is as follows:

Documentation of 2 (two) MMR vaccines given on or after your first birthday and separated by 28 days or more OR Laboratory evidence of positive immunity (blood work) – if immunity is negative/equivocal you will need a single booster vaccine OR Birth before 1957

- ☐ **Varicella (Chickenpox)**

The acceptable evidence of immunity to varicella is as follows:

Documentation of 2 (two) Varicella vaccines given on or after your first birthday and separated by 28 days or more OR Laboratory evidence of positive titer (immunity) (blood work) - if immunity is negative/equivocal you will need a single booster vaccine

- ☐ **Hepatitis B**

The acceptable evidence of immunity to hepatitis B is as follows:

Documentation of 3 (three) vaccines OR Laboratory evidence of positive immunity (blood work) – if immunity is negative/equivocal you will need a single booster vaccine AND repeat blood work. You may also sign exemption waiver.

- ☐ **Tetanus, diphtheria, and pertussis (Tdap)**

Documentation of vaccine that is less than 10 years old

- ☐ **Tuberculosis (TB)**

One of the following completed within the past 12 months is required:

- PPD (Tuberculin) 1 step TB skin test
- QuantiFERON Gold blood test
- T-SPOT blood test
- If previous positive results, submit a clear chest X-ray report from the evaluating healthcare provider indicating no active pulmonary disease present.

Chest X-ray good for two years. *PPD test must remain current throughout the duration of the program.*

☐ **Flu Vaccine (required during flu season)**

Need a current year influenza vaccine. If you are applying to start the program in August please wait to complete the influenza requirement. *You will need to obtain your vaccine after **September 1st**. If you wish to be exempt from this requirement we will give you the form prior to starting the program at orientation.*

☐ **COVID Vaccine**

You need a current COVID-19 vaccine or completed exemption form. We will give you the form prior to starting the program at orientation.

Note: If you request an exemption from flu or covid requirements, the request is processed by the clinical facility. Whatever the basis, students cannot demand a specific clinical facility as a means to avoid the requirements.



3. Health Insurance – Submit documentation of current health insurance card or proof of coverage.

4. American Heart Association, BLS “Healthcare Provider” CPR

Please schedule your CPR Certification by visiting <https://fsw.enrollware.com/calendar> or contact AHA@fsw.edu or (239) 985-8385

5. Print and complete the VECH Waiver Form

6. Print and follow the instructions to fulfill the Change of Data Form

STEP TWO



Get into the habit of checking your FSW email account and review your student portal to resolve any holds on your account.

When your online application is completed and all your documents have been uploaded and APPROVED by Castle Branch, you will then be emailed additional information to include:

- Welcome Email – Contains: scheduling your uniform fitting, required textbooks and lab supplies.
- Instructions for completing your fingerprinting / background and drug screening (Initiated on Castle Branch)

Fingerprinting, background, and drug screening results must be received and cleared by the EMS office, to be officially accepted into the EMT program.

STEP THREE



Register for classes - Instructions will be listed in the welcome email you receive to your FSW Bucs email.

EMT Application Checklist

Remember only complete EMT applications will be considered.

FSW Admissions Process:

- ☐ Submitted FSW admissions application online
<https://www.fsw.edu/admissions>
- ☐ Requested official high school or GED transcripts, and all official college transcripts to be sent to the [Office of Admission](#) (high school transcript) and the Office of the Registrar (college transcripts).
- ☐ [Set up Student Portal](#)
- ☐ [Review Student Tips](#) to include information about Paying for College
- ☐ Complete Online [New Student Orientation](#) (if applicable)
- ☐ Complete [college placement test](#) (if applicable)
- ☐ Ensure all holds have been resolved within [FSW Student Portal](#).

FSW EMT Application:

- ☐ Printed/Viewed Castle Branch Instructions and Health Form Requirements
- ☐ Created Castle Branch Account
- ☐ Schedule appointment with physician
- ☐ [Schedule your CPR Certification](#)
- ☐ Uploaded all required documents to Castle Branch
- ☐ Completed Online [EMT Application](#)
- ☐ Check your FSW Email Regularly for your final steps.

EMS Program Health Report

Health Forms must be **completed and signed by a healthcare provider** and submitted by **on to CastleBranch**. NO student will be permitted into any clinical or internship site without trans completed health report on file. *Incomplete forms/missing documentation will cause delay or denial of your application. Health Reports are valid for one year.

My Mffi: _____ Banner ID: @ '-----
 ADDRESS _____
 CITY: _____ STATE: _____ ZIP: _____ Phone: _____
 Emergency CONTACT: _____ Phone: _____

The following are from the AD's physical, mental, and emotional performance requirements for an entry level EMT/Paramedic. The EMTS Program at Florida SouthWestern 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 <u>ladder</u> _ <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 filis 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"/> <u>demonstrate</u> a high degree of mental flexibility_ <input type="checkbox"/> cope in an acceptable manner with confrontation. <input type="checkbox"/> handle multiple problems 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 filis student concur that the student can perform all the listed physical requirements_
Student Initials:	Healthcare Provider Initials:

EMS Required Immunizations completed by Healthcare Provider and submitted by you to CastleBranch.

Immunization Report in.g Title for MvIR, Vaccine or HBII B may be submitted INSTEAD of immunization dates

Immunization	Date(s) administered	Laboratory Results/ Reports	Refusal (signature required)
Tetanus-Pertussis (TDaP) (within 10 years)		N/A	N/A
Mumps (Measles, Mumps, Rubella)	#1 #2	Date _____ Positive _____ Negative _____ submit all three titers	N/A
Vaccella (Chickenpox)	#1 #2	Date _____ Positive _____ Negative _____ (submit titer)	N/A
Hepatitis B	#1 #2 #3	Date _____ Positive _____ Negative _____ Hep B surface antibody (anti-HBs) (submit titer)	Students who elect not to receive the Hepatitis B Vaccine will need to sign the waiver below
Tuberculosis test (TB/PPD/TST)	Date Read	Positive _____ Negative _____ **if positive, x-ray must be done** **MUST BE DONE ANNUALLY**	N/A
Flu Vaccine		**MUST BE DONE ANNUALLY EVERY FALL AFTER SEPT EST**	N/A

WAIVER STATEMENT:

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

Student Signature: _____ Date: _____

ALLERGIES/ALLERGIES- Please list any medications that the student is currently taking and any allergies identified may have: _____

This is to certify that I have examined _____ on _____ and have found her/him to be in good physical, mental and emotional health, as described in the stated requirements, and free from communicable diseases including TB.

EXCEPTIONS -Please note below any physical, mental and emotional abnormalities, defects, or diseases which might in any way interfere with the student's attendance and progress in the EMS program:

Signature: _____ DAIB _____
(Signature of MD, DO, ARNP, PA)
ADDRESS _____

TO THE STUDENT:

I, _____, give Florida SouthWestern State College permission to share part or all of the information on this health evaluation with the clinical internship agency(ies) or instructors to which I will be assigned.

Signed: _____ Date: _____
Signature of Student

FSW Corporate Training and Simulation



American
Heart
Association.

AUTHORIZED
TRAINING
CENTER

Welcome new and returning FSW School of Health Professions students

BLS is required for new incoming SoHP students.

Programs may require ACLS or Hean Saver. Please ask the Director of your program if you need clarification or have questions,

For your convenience, these classes are discounted and offered at FSW

FSW Lee Campus, 8099 College Parkwayl Room A-215, Fort Myers, FL 33919

1. Schedule a class

Scan the QR code to register
Pick your class day and time
Pay for course

2. Prepare for class

Complete your pre-course assessment with a grade of 80% +

3. Attend class

Come to the Lee Campus on the registered date and time
Park in Lot# 1
Enter the A building and proceed upstairs
Go to room A-215

4. Bring the below items to class

Photo ID (driver's license or FSW student ID)
Payment receipt
Copy of your pre-course assessment reflecting a score of 80% or better
Existing AHA card (only if you are renewing AHA)



If you have questions or need assistance scheduling your class, please contact:

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239 985-8385 x11885

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