



TO: All EMT and Paramedic prospective students
FROM: Tony Chin, EMS Executive Director
TOPIC: Required paperwork to be accepted into the EMT and/or Paramedic Program

The following must be completed and returned to the school, at 600 North Pine Island Road, Suite 320, Plantation, Florida 33324, to be accepted into the EMS Academy's EMT/Paramedic Program.

Please pay special attention to the following:

1. EMT or Paramedic application (see attached)
 - a. Forms must be filled out **legibly, completely** and **notarized**.
 - b. Your doctor's information must be legible.
 - c. One copy of each of the following must be submitted:
 - i. High School Diploma or Equivalent
 - ii. Valid Florida Driver's License.*
 - iii. BLS for Healthcare Providers Card* (AHA, AAOS, ASHI, ACEP, NCSI)
 - iv. FL EMT-B STATE certificate* (Paramedic applicants only)
 - v. 10 panel DRUG screen urinalysis-**REPORT**
 - vi. Complete physical
 - vii. Immunizations: PPD, Varicella, Td, MMR, Hep-B or declination form signed
 - viii. TABE test results OR a copy of a 2 year A.A. or A.S. degree or higher.
 - ix. Each Student will be subject to a VECHS Background check.
 - xi. Personal Health Insurance Card*
 - xii. Social Security Card
- *maintain current licensure throughout course
2. **A Deposit of \$150.00** is required to reserve your seating. (Includes Application Fee, non refundable, and Registration Fee)
Registration is on a first come, first serve basis.
 - a. EMT Program: The balance of \$1460.00 (tuition fees) must have a payment plan processed prior to the class start date.
 - b. Paramedic Program: The balance of \$6672.00 (tuition fees) must have a payment plan processed prior to the class start date.
 - c. 2 uniform (Polo style) shirts need to be purchased for the fee of \$50.00.
 - d. VECHS background check \$200.00. (Performed at the school)
3. Books and I.D. Badge are an additional cost and may be obtained from the School bookstore for either EMT or Paramedic programs. Please refer to the student catalog for pricing.

EMS Academy offers financial assistance please contact school for more details

EMS Academy's Administration office hours of operation are:
Monday thru Friday – 0900-1800 www.ems-academy.com
Office (954) 577-0577 Fax (954) 577-0579



Teaching the Science of Saving Lives

EMT/PARAMEDIC ADMISSIONS APPLICATION

PLEASE WRITE IN BLUE OR BLACK INK ONLY

Social Security Number _____ Date _____

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Work Phone _____

Date of Birth _____ Cell Phone _____

Email Address: _____

Employer _____ Employer Phone _____

PLEASE COMPLETE BY CIRCLING:

I am interested in taking classes during the

DAY EVENING

Program:

EMT PARAMEDIC

**IF YOU FALSIFIED ANY INFORMATION ON THIS APPLICATION,
YOU ARE SUBJECT TO IMMEDIATE DISMISSAL FROM THE PROGRAM.**

Signature _____ Date _____

EMS ACADEMY

STUDENT EMPLOYMENT HISTORY

NAME _____ DATE _____

DATES	NAME & ADDRESS OF EMPLOYER	TYPE OF WORK PERFORMED
From:		
To:		
From:		
To:		

BEFORE SUBMITTING YOUR APPLICATION, HAVE YOU:

- a) Attached a copy of current CPR-BLS Health Care Provider card
- b) Attached a copy of FL EMT-B State certificate (if applying for Paramedic program) must maintain status.
- c) Attached completed EMS Academy Medical History/Physical Exam Form including current immunization information and lab reports.
- d) Attach copy of 10 panel drug screen REPORT. (lists drugs tested)
- e) Attached a copy of high school diploma or equivalent
- f) Attached a copy of entrance exam scores (TABE test) or 2 yr college degree. A.S. or Higher
- g) Attached a copy of current FL Driver's License & maintain up to date.
- h) Attached all VECHS background check papers. (all 5 pages)
- i) Attached a copy of your Current Medical/Health Care Insurance Provider.
- j) Attached a copy of your Social Security Card.

COMPLETED APPLICATION PACKETS CAN BE FAXED, HAND-DELIVERED OR MAILED TO:

EMS ACADEMY
Attention: Student Services Coordinator
600 N. PINE ISLAND ROAD, SUITE 320
PLANTATION, FL 33324
(954) 577-0577 OR FAX: 954-577-0579

EMS ACADEMY

MEDICAL HISTORY AND PHYSICAL EXAM FORMS

- 1) As part of the application process, a medical history and physical exam are required for all new and **re-entering** students. Medical records must be complete in order for a student to be allowed to participate in the clinical portion of the program.
- 2) Physical exams, required immunizations and titers, and a TB test must be taken annually, or as required by the program.
- 3) The student must provide all of the information requested on this page and then have this form notarized in the space below. The physical exam and immunization forms are to be filled out by the Physician/Examiner.
- 4) It is the student's responsibility to turn in the completed medical history and all of the required supporting documents to EMS Academy.
- 5) If you have had a complete physical exam within the past year, you may submit a copy of that report along with current immunization documentation; attach those reports to our Medical History Form.
- 6) Falsifying any information on these forms is cause for dismissal from the program.

TO BE FILLED OUT BY THE STUDENT-PLEASE PRINT CLEARLY

Social Security Number _____ Date _____

Name _____ Date of Birth _____

Address _____
Street City State Zip

Home Phone _____ Work Phone _____

Emergency Contact Phone _____ Relationship _____

EMAIL Address: _____

HAVE YOU EVER HAD/DO YOU HAVE YES/NO IF YES, COMMENT

Hay Fever _____

Hepatitis A _____

Hepatitis B _____

High Blood Pressure _____

Diabetes _____

Epilepsy _____

Back Problems _____

Physical Limitations _____

TO BE SIGNED IN FRONT OF NOTARY

STUDENT SIGNATURE DATE

State of Florida
County of _____
The foregoing instrument was acknowledged before me this ____ day of _____ 20____

By _____ Personally known () Produced ID ()
Notary Public-State of Florida

Type of ID _____

(STAMP)

EMS ACADEMY

IMMUNIZATION INFORMATION FOR THE STUDENT

The EMS Academy requires that all students be knowledgeable regarding their immunization status for the common childhood disease of Measles, Mumps and Chickenpox. Students therefore, must have a blood test called a Titer, which indicates current immunization status.

A **Positive Titer Test** indicates that you have either had the disease or have been vaccinated against it. In either case, **you have immunity** to that disease.

A **Negative Titer Test** indicates **no immunity** to the disease and that **you need to be immunized**.

REQUIRED TITERS

RUBEOLA TITER

RUBELLA TITER

VARICELLA TITER

MUMPS

- A) THE VARICELLA TITER AND LAB REPORT ARE REQUIRED FOR ALL STUDENTS.
- B) STUDENTS WHO DO NOT HAVE POSITIVE RUBEOLA AND RUBELLA TITERS INDICATING IMMUNITY MUST HAVE AN MMR.
- C) LAB REPORTS OF THE TITERS AND/OR DOCUMENTATION OF THE DATE OF THE MMR VACCINE AND THE VARICELLA VACCINE MUST BE SUBMITTED IN ORDER FOR THIS MEDICAL HISTORY AND PHYSICAL EXAM FORM TO BE CONSIDERED COMPLETE.
- D) A STUDENT WHO OPTS TO RECEIVE THE HEPATITIS SERIES WILL BE REQUIRED TO SIGN A DECLINATION FORM, THEREBY INDICATING THEIR REFUSAL TO OBTAIN THE VACCINE.
- E) IN ORDER TO CONFIRM IMMUNITY, STUDENTS ARE ADVISED TO HAVE A HEPATITIS TITER, AFTER RECEIVING THE FULL SERIES OF VACCINE. CONSULT YOUR PHYSICIAN FOR DETAILS.

EMS ACADEMY

F) THE IMMUNIZATION/VACCINATION AND MEDICAL INFORMATION ON THE FOLLOWING PAGES ARE REQUIRED FROM EACH STUDENT ENTERING THE EMS ACADEMY.

Student's Name _____

TO THE PHYSICIAN/EXAMINER:

THE INFORMATION ON THESE PAGES ARE REQUIRED FROM EACH STUDENT ENTERING EMS ACADEMY. YOUR COOPERATION IN COMPLETING THIS FORM IS APPRECIATED.

IMMUNIZATION/VACCINATION RECORD-REQUIRED

(A) VARICELLA TITER REQUIRED

Date if titer & if titer is negative, student will need to attach the lab report
Varicella vaccine: DATE GIVEN _____

(B) RUBEOLA REQUIRES A POSITIVE TITER

Date of titer & attach report

RUBELLA REQUIRES POSITIVE TITER

Date of titer & attach report

OR

**MMR VACCINE DATE _____ REQUIRED; IF NO
POSITIVE TITER**

Lab reports of the Titers and/or documentation of the dates of the MMR and Varicella Vaccines must be submitted by the student, for this form to be complete.

(C) TETANUS TOXOID BOOSTER REQUIRED
(WITHIN 10 YEARS) **DATE** _____

(D) HEPATITS B (SERIES DOSE REQUIRED)
DATE 1 _____
DATE 2 _____
DATE 3 _____

*Student to sign this acceptance form; **if** the Student declines to accept the Hepatitis series dose, then they may sign here: Student declines Hepatitis series at this time.

*Student's Signature & Date

EMS ACADEMY

(E) *PPD: DATE _____
Attach results

(F) *CHEST X-RAY DATE _____ (if PPD Positive)

Attach results:

A Positive PPD must be followed by a Chest X-Ray with the results attached:

STUDENT'S NAME : _____

SOCIAL SECURITY Number: _____ - ____ - _____

Examiner: Please examine this student as you would for a routine check-up. This student will be working closely with people in acute-care settings and in the community. Please indicate/comment on any abnormal findings; use additional sheets if necessary.

HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE _____

SYSTEM NORMAL FINDINGS COMMENTS/SURG.

Eyes/Ears/Nose/Throat _____

Endocrine/Metabolic _____

Respiratory _____

Cardiovascular _____

Gastrointestinal _____

Genitourinary _____

Musculoskeletal _____

Neurological _____

Integumentary _____

10 Panel Drug Screen Urinalysis Report
(need final results of each drug listed)

EMS ACADEMY

CAN THE STUDENT PARTICIPATE IN UMLIMITED PHYSICAL ACTIVITIES IN THE CLINICAL AREA?

YES NO

IS THE STUDENT NOW UNDER TREATMENT FOR ANY MEDICAL, SURGICAL OR EMOTIONAL CONDITION/S?

YES NO

IS THE STUDENT NOW TAKING ANY MEDICATIONS?

YES NO

IF YES, PLEASE LIST:

DOES THE STUDENT REQUIRE ANY FOLLOW-UP HEALTH SUPERVISION?

YES NO

IF YES, WHAT DO YOU RECOMMEND?

PROVIDER IDENTIFICATION (*must be completed)

*Provider's Name (Please print) _____ Phone _____

*Address _____ City _____

*State _____ Zip _____

*Signature of MD/DO/ARNP:

_____ Date _____

*License # _____