

# 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 March 1<sup>st</sup> – April 30<sup>th</sup>** for the Summer Semester (August 2024 start)
- **Apply Sept 1<sup>st</sup> – October 31<sup>st</sup>** for the Fall Semester (January 2025 start)
- **Apply February 1<sup>st</sup> – 29<sup>th</sup>** for the Spring Semester (May 2025 start)

*Deadlines may be extended to meet the capacity of class offerings.*

To apply for the EMT Program, students are required to complete the admission process at FSW College. This can be done by visiting the following website: <https://www.fsw.edu/admissions>. Students must be in good academic standing, and those with previous college credits must have a cumulative GPA of 2.0 or higher.

Before registration can occur, FSW must receive and evaluate official high school/equivalent transcripts as well as all college transcripts. Additionally, students are required to create and upload all necessary documentation to Castle Branch before completing the EMT Application.

The EMT Application can be found online at <https://www.fsw.edu/academics/programs/certemt>, and a \$15 application fee must be paid during the application process.

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. **Upload documentation (proof of immunity to be recorded on the program health form 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 an 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 is good for two years. *PPD test must remain current throughout 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 before starting the program at orientation.*

**COVID Vaccine**

FSW does not require its students to get the COVID-19 vaccine or otherwise provide proof of vaccination for admission to the institution. However, certain clinical or practicum sites may

require students to have completed the COVID-19 vaccine series. If a student has not received the COVID-19 vaccine, they will be allowed to complete a waiver request during the 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 Provider Certification**

Please schedule your BLS Provider Certification by visiting <https://fsw.enrollware.com/calendar> or contact [AHA@fsw.edu](mailto: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**



Check your FSW email account regularly 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. *This will be emailed 6-8 weeks before classes begin.*
- 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 and secure payment 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:

- Submit FSW admissions application online <https://www.fsw.edu/admissions>
- Request 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:

- Print/View Castle Branch Instructions and Health Form Requirements
- Create Castle Branch Account
- Schedule an appointment with a physician
- [Schedule your BLS Provider Certification](#)
- Upload all required documents to Castle Branch
- Completed Online [EMT Application](#)

### Final Steps:

Check your FSW Email Regularly for your final steps. Information will be provided on the specifics of these next steps.

- Complete the fingerprinting and drug screening process (following the instructions sent by email).
- Verify there are no holds on your account that may prevent registration.
- Register for classes
- Secure Payment before deadline
- Attend Uniform Fitting
- Attend EMT Orientation

## EMS Program Health Report

Health Forms must be **completed and signed by a healthcare provider** and submitted by **you to CastleBranch**. **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. Health Reports are valid for one year.

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 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

|   |  |
|---|--|
| <p><b>I have the Ability to:</b></p> <p>_____ perform repetitive tasks.</p> <p>_____ walk the equivalent of five miles per day.</p> <p>_____ reach above shoulder level.</p> <p>_____ hear tape recorded transcripts.</p> <p>_____ distinguish colors.</p> <p>_____ adapt to shift work.</p> <p>_____ perform with a high degree of manual dexterity.</p> <p>_____ work with chemicals and detergents.</p> <p>_____ tolerate exposure to dust and/or fumes.</p> | <p>_____ Ability to grip.</p> <p>_____ High degree of physical flexibility.</p> <p>_____ Ability to bend both knees.</p> <p>_____ Ability to sit for long periods of time.</p> <p>_____ Ability to climb stairs or ladder.</p> <p>_____ Ability to stand for long periods.</p> <p>_____ Ability to lift 25 pounds.</p> <p>_____ Ability to squat.</p> <p>_____ Ability to perform CPR.</p> <p>Health Care Provider:<br/>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.</p> |
| <b>Student Initials:</b>  | <b>Healthcare Provider Initials:</b>   |

### MENTAL AND EMOTIONAL REQUIREMENTS

|   |   |
|---|---|
| <p><b>I have the Ability to:</b></p> <p>_____ cope with a high level of stress.</p> <p>_____ make fast decisions under high pressure.</p> <p>_____ cope with the anger/fear/hostility of others in a calm manner.</p> <p>_____ manage altercations.</p> <p>_____ concentrate.</p> <p>_____ demonstrate a high degree of mental flexibility.</p> <p>_____ cope in an acceptable manner with confrontation.</p> <p>_____ handle multiple priorities in a stressful situation.</p> | <p>_____ Ability to assist with problem resolution.</p> <p>_____ Ability to work alone.</p> <p>_____ Ability to demonstrate a high degree of patience.</p> <p>_____ Ability to adapt to shift work.</p> <p>_____ Ability to work in areas that are close and crowded.</p> <p>Health Care Provider:<br/>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.</p> |
| <b>Student Initials:</b>  | <b>Healthcare Provider Initials:</b>  |

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

Immunization Reporting. Titers for MMR, Varicella, or Hep 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  |
| MMR (Measles, Mumps, Rubella)              | #1 _____<br>#2 _____             | Date _____<br>_____ Positive _____ Negative<br>(submit all three titers)                           | N/A  |
| Varicella (Chickenpox)                     | #1 _____<br>#2 _____             | Date _____<br>_____ Positive _____ Negative<br>(submit titer)                                      | N/A  |
| Hepatitis B                                | #1 _____<br>#2 _____<br>#3 _____ | Date _____<br>_____ Positive _____ Negative<br>Hep B surface antibody (anti-HBs)<br>(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<br>_____ Negative<br>*if positive, x-ray must be done<br>***MUST BE DONE ANUALLY*** | N/A  |
| Flu Vaccine                                |                                  | ***MUST BE DONE ANNUALLY EVERY FALL AFTER SEPT 1ST***  | N/A  |

**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). Florida SouthWestern State College recommends 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 risks related to exposure to environment hazards and infectious diseases through contact with body fluids and airborne micro-organisms, 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 affiliations, and the EMS Program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICATIONS/ALLERGIES**- Please list any medications that the student is currently taking and any allergies the student 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 disease 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:

\_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of M.D., D.O., A.R.N.P., P.A.)  
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**  
C E N T E R

Welcome new and returning FSW School of Health Professions students

**BLS is required for new incoming SoHP students.  
Programs may require ACLS or Heart 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 Parkway, 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 (drivers 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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