# 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 September 1st – October 31st 2025** for the Spring Semester (January 2026 start)
* **Apply February 1st – March 15th 2026** for the Summer Semester (May 2026 start)
* **Apply March 16th – May 30th 2026** for the Fall Semester (August 2026 start)

*Deadlines may be extended or shortened 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.](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 and 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,](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](http://www.castlebranch.com/) and “Place Order” There is a $47.98 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 items below need to be documented and uploaded to Castle Branch.

1. **Physical Examination -** [Complete (2) page EMS Program Health Report](https://www.fsw.edu/assets/pdf/academics/programs/certemt/EMS%20Health%20Report%20Form%20and%20Instructions%20for%20Castle%20Branch.pdf)

## 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.*

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

## 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

## Print, complete, and upload the VECH Waiver Form

1. **Complete the EMT Application online “Apply Now” -** [EMT Application](https://www.fsw.edu/academics/programs/certemt)

### 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:

* + Change of Major Form – you will complete this form from your FSW email account.
  + 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](https://www.fsw.edu/admissions/transcripts) (high school transcript) and the Office of the Registrar (college transcripts).

 [Set up Student Portal](https://cas.fsw.edu/cas-web/login?service=https%3A%2F%2Fmy.fsw.edu%2Fc%2Fportal%2Flogin)

 [Review Student Tips](https://www.fsw.edu/admissions/newbucs#portal) to include information about Paying for College

 Complete Online [New Student Orientation](https://www.fsw.edu/orientation) (if applicable)

 Complete [college placement test](https://www.fsw.edu/testing/placement) (if applicable)

 Ensure all holds have been resolved within the [FSW Student Portal.](https://www.fsw.edu/admissions/holds)

## 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](https://www.fsw.edu/assets/pdf/academics/programs/certemt/AHA%20FLYER%20Student.pdf)

 Upload all required documents to Castle Branch

 Complete Online [EMT Application](https://www.fsw.edu/academics/programs/certemt)

## 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.

 Change of Major Form to be completed and submitted.

 Register for classes

 Secure payment before the [deadline](https://www.fsw.edu/assets/pdf/calendars/2024-25%20Official%20Academic%20Calendar%20(PDF).pdf)

 Schedule & Attend Uniform Fitting

 Schedule & Attend EMT Orientation

**EMS Program Health Report**

Hea]th Forms must be **completed and signed by a. healthcare provider and submitted** by **fOU to CastleBranch.** 1 **0** student will be permitted into any clinical or mtemship site v,lithout tlm completed health report on file\_ \*Incomplete fonns/mis:sing documentation will cause delay or denial of your applicaition\_ Hea]th Reports are valid for one year\_

NJ\J\1E: Banner ID:@ ADDRESS

CITY: STATE: ZIP: Phone: \_ ErvlERGENCY CONTACT: Phone:

The foUm.ving are from the A\_D\_A\_ 's physical, mental, .and emotional performance requirements for an entry level EMT/JParaimedic\_ The Elvffi Program at Florida SouthWestern State CoUege has accepted the followmg, as requirements for all students ente.rm the program\_ EMS Students must meet the following requn:ements:

**PHYSICAL REQUIREMENTS**

|  |  |
| --- | --- |
| I have the Ability to:  perform cepetitive tasks.  walk the equivalent of five miles pe.r day.  ceach above shoulder level  hear tape reco!"ded transcripts\_ distingasb colors.  adapt to shift wock.  perlorm with a rugh degree of nianw..l dexterity\_  wO!"k with chemicals and detecgents\_  to]erate osrn:e todust and/ oc fume . | Ability to grip\_  High degree of physical flexibility\_ Ability to bend both knees.  Ability to sit for ]ong periods of time\_ Ability lio climb stairs or laddec\_  Ability to stand foe long periods.  Ability to lift 25 pounds.  Ability to squat  Ability to perlorm **CPR**  Heal.th Care Pcovider.:  To the best of my ability from my exam.in.a.ti.on and history taking on this E1vIS student concU!" that the student can pei:for:m all the llisted physical requnements\_ |
| **Student Initials:** | **Healthcare Provider fuitials:** |

**1\'IENTAL AND EMOTIONAL REQUIREMENTS**

|  |  |
| --- | --- |
| I **have the Ability to:**  -- oope with a high level of stress\_  make fa.st decisions under high pressure\_  cope with the anger/foar/hostihty of others in a calm manner.  manage altercations\_  -- concentrate\_  demonstrate a high degree of mental flexibility\_  oope m an acceptable manner 'Ari.th confrontation.  --  -- handle mulbple pnonties m a stressful situabon\_ | Ability to assist \VJ.th problem resolution.  Ability to\.-ui:kalone.  Ability to demonst:cate a high degree of patience..  Ability toadapt to shift work  Ability to \.-ui:kin filea.s that are close and c:rnwded  Heal.th Care Pcovider.:  To the best of my ability from my exam.in.a.ti.on and history taking on this filiIS student concU!" that the student can pei:for:m rul the llisted physical requnements\_ |
| **Student Initials:** | **Health.ca1·e Provider t.itials:** |

Rea th Form Pai:i!e **1** of2

**EMS Required Immunizations foompleted** by **Healthcare :Provider) and :submitted** by you to

**CastleBranch.**

ilrumrnuzat:ion Reiport:in,g\_ Tile.rs **for** MrvlR, V arice!la\_ or HBJJ B may be submitted INSTEAD of immunizat,ion dates\_

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|  |  |  |  |
| --- | --- | --- | --- |
| **lm.mlfflizartiou** | **Date(s)**  **adulinistered** | **Laborato.ry Results/ Reports** | **Refusal (signature required)** |
| Tetanus-Pertu5sis (TDaP) (within 10 years) |  | *NIA* | *NIA* |
| ll\11rvIR  (Measles,!Nfumps, RllbeUa) | #1 | Date  Positive Negative  **ulilmit** all **three titers)** | *NIA* |
| #2 |
|  |
| Vancella (Chickenpox) | #1 | Date  -- Positive Negatirve  **(submit titer)** | *NIA* |
| #2 |
|  |
| Hepatitis B | #1 | Date  Positive Negative Hep B surface antibody (:mti-HBs)  (submit titer} | Students who ele.ct not to receive the Hepatitis B Vaccine **will** need to sign the wairver below |
|  |
| #2  #3 |
| Tuberculosis 'fest (IB/PPD!TST) | Date Read | -- Positive  -- Negative  "'if positive, x-ray must be done  \*\*"'MUSTBE DONE ANUALLP\*\* | *NIA* |
|  |
| Flu Vaccine |  | \*\*''MUSTBEDONEANNlJALl..Y  EVERY FALL .AFfER SEPT  EST\*\*\* | *NIA* |

ru a student, performing in clinical facil:itie.:i, Iunderllllnd that I may he expooed to environmental hazll!rds and infection. diiea.e.:i including, but not limited to tuberrnlooil, hep:a,tifu El, ood HIV (AIDS).Florida SouthWe.;tern State College reoo=ends that all Health Progrl!lll students obtain the Hepatiliil B vaccine.

Proof **of** vaccin1!1:ion from hepatitis El may be required before certain clinical rotatiorn. I hl!Ve been informed and under.st!llld the inherent ru:b: related to

expo ure to environment h ds ood infectiom diiea.:e.; through contact with body fluid ood airborne micr0-0rgani m , including hepatitis El while invo! ,ed in clinical rotations. I all:o understand that the hepll!iti El vl!Ccine ii: hi\_E?;hlv reoo=ended. I underst!llld that if I elect not to have the Hepll!im El vllCCine, I agree to hold h1ll'lllie s all pernon or entitie.; connected with Florida South\Ve.;tern Srate College, clinical affil!iation , ood the EMS Progil!lll.

**WAIVER STATEMENT:**

Student SignOOJi-e:--------------------=D.a:a!.:.::e.\_: \_

**l\.ffiDICATIONS/ALLERGIES-** Please list any medications that the student is cmrendy taking and any allergies die stl!ldent mayhaive: \_

**This,**is **to certify that** I **have examined on and have foll!od her/him to be** in **good physical, mental and emotional health, as described in tbe sfat:ed 11equirements, and free from comnnmi.caible diseas,e including TB.**

**EXCEPTIO**rs -Please **note** belO\v any physical, mental and emotional ahnormalities, defects, **or** diseases which mightm any way irnterfere **,vith** the student's attendance and progress i.n the EMS program:

smNED DAIB

**(Signature ofl'\.f.D.,.D.O., A.R.N.P., PA}**

ADDRESS

**TO THE** STUDE IT:

I, ,give Florida SouthWestern Srate College permission to share part or all offue information on !his health evalmtion with lhe clinicallinter:nship agency(ies) or instructors to 1Nhich I Vi'lll be assigned.

Signed: Date:

Signature ofStudem

Health Form Page 2 of2

FSW Corpo9te Training and Simulation

**AUTHORIZED**

American Heart Association..

**TRAINING**

CIENTER

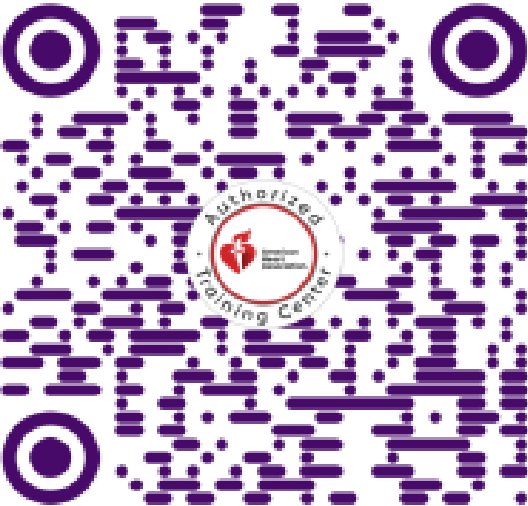
W,ellcom,e new and returning FSW School of Health Prof,essionsstudents

**BLS is required for new incoming SoHP students.**

**Pragrams** m1ay **require ACLS or Hean Saver. Please ask the Director of your program if you need clariifiicatiion 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 OR code to register Pick your class day and time Pay for course

1. **P epare fo class**

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

1. **Attend class**

Come to the Le,e Campus on the r,egisteredldate and time Park in Lot# 1

Enter the A building and proceed upstairs

Go to room A-215

1. **Bring the below items to class**

Photo ID {drtrvers license or FSW student I1D)

Payment r,eceipt

Copy of your pre-course assessment refle,cting a score of 80% or better

ExistingrAHA caJdl (only if you are r,enewing AHA)

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

Frank Vilchez EMIT-P Program Coordinator [AHA@FSW.edu](mailto:AHA@FSW.edu)

**William Pappas** IIIJ **BS EMT-P**

Assfstant Program Coordinator

[**AHA@FSW.edu**](mailto:AHA@FSW.edu)