

EMT Program or Paramedic Program Application

Daytona State College – Fall 2023

Application Deadline is July 14, 2023

EMT Program

- Apply for admission to Daytona State College at www.daytonastate.edu
- Student must be 18 years of age and have a standard high school diploma or GED by the first day of program

Paramedic Program

- Apply for admission to Daytona State College at www.daytonastate.edu
- Student must have a valid Florida EMT license before taking the final exam in Paramedic I

STEP 1 for all EMT or Paramedic applicants – PLEASE READ:

If you have no arrest history:

If you have **NEVER** been arrested for any reason, or if you have **NEVER** been given a notice to appear (juvenile or adult – military or civilian), skip the remaining information listed under Step 1 on this page and turn to next page to start application.

If you have arrest history:

If you **HAVE BEEN ARRESTED** for any reason, or if you have been given a notice to appear (juvenile or adult – military or civilian), you are to follow the steps below **before** you complete any other steps in the application process.

- Contact Teresa Campbell to let her know you will be getting fingerprinted for approval before completing any other parts of the application – Teresa.Campbell@DaytonaState.edu or 386-506-4122
- Go to www.discover.castlebranch.com
- In the upper right corner, click PLACE ORDER
- In the Package Code box, type in DB36fp (fingerprinting, cost is \$53.25)
- Complete the steps listed, set up your appointment, and go to your appointment
- The electronic fingerprint report will be sent to the DSC EMS Department
- Once report is reviewed, you will be notified by the DSC EMS Department

You **MUST** receive approval from the DSC EMS Department to continue with the rest of the application process – **BEFORE** paying for and completing the physical exam forms, **BEFORE** paying for and completing the drug test, **BEFORE** paying for any immunizations, and **BEFORE** completing any other steps in the application process. If you elect to advance in the application process before receiving the approval listed above, you are at risk of losing any money you spend on the physical exam forms, the drug test, the immunizations, or any other parts of the application. If you are **UNSURE** if this applies to you, please call Teresa Campbell at 386-506-4122.

ALL COSTS OR EXPENSES RELATED TO THE APPLICATION OR ENROLLMENT PROCESS ARE NON-REFUNDABLE. IF YOU ARE NOT ACCEPTED INTO A DSC EMS PROGRAM FOR ANY REASON, YOU WILL NOT BE REIMBURSED FOR ANY COSTS OR EXPENSES BY DAYTONA STATE COLLEGE.

Please Note: Applicants with arrest history will be interviewed by the EMS Department Program Manager and/or Director in cases where further clarification is needed.

FALL 2023 – August 28 to December 15, 2023

EMT

Section 801 Day Class / 24 seats available / Lab 8:30 a.m. – 1:30 p.m. and Lecture 2:30 p.m. – 7:00 p.m.
(Lab and lecture meet on the same day, every third day excluding weekends and holidays)

Section 802 Day Class / 24 seats available / Lecture 9:00 a.m. – 1:30 p.m., Lab 8:30 a.m. – 1:30 p.m.
(Lecture and lab meet on separate days, 4 days a week excluding weekends and holidays)

Section 875 Night Class / 24 seats available / Lecture 6:00 p.m. – 10:30 p.m., Lab 6:00 p.m. – 10:30 p.m.
(Lecture and lab meet on separate days, 4 days a week excluding weekends and holidays)

OR

Paramedic

Volusia County Fire B-shift / 24 seats available / Lecture 8:30 a.m. – 2:00 p.m. and Lab 3:00 p.m. – 8:00 p.m.
(Lecture and lab meet on the same day, on Volusia County Fire B-shift, excluding weekends and holidays)

- Paramedic I – Fall 2023, Paramedic II – Spring 2024, Paramedic III – Summer 2024, Internship – Fall 2024

****EMT and Paramedic sections must have a minimum of 18 students – sections with less than 18 students will be cancelled. Students will be notified, and student applications will be moved to another section if seats are available or will be moved to the Spring 2024 semester.**

Completed applications can be submitted 10 a.m. to 5 p.m., Monday – Friday, at:

Daytona State College – ATC Campus

EMS Department – Teresa Campbell, Room 124C

1770 N. Technology Boulevard, Daytona Beach, FL 32117

Students will be notified by email when their application has been approved. Students that submit complete applications after available seats for the Fall 2023 semester have been filled will be moved to the Spring 2024 semester.

Questions? Contact Teresa Campbell at Teresa.Campbell@DaytonaState.edu or (386) 506-4122.

Documents/Processes required to be submitted/completed as the Fall 2023 Program Application

- Student applied for admission to DSC, has been accepted, has been issued a DSC student ID# and student email
- Fall 2023 Program Application Pages 1a/1b through Page 13
- Copy of driver's license
- Copy of standard high school diploma or unofficial high school transcripts or GED
- Paramedic Program Applicants ONLY – Copy of valid Florida EMT license (if applicable)
- Copy of DD214 (Member 4) if applicable
- Receipt proving completion of fingerprinting – see Page 9a and 9b
- Receipt proving completion of drug screen – see Page 9a and 9b
- Immunizations uploaded and approved in Castlebranch – see Page 9a and 9b
- Copy of current AHA BLS for the HealthCare Provider card (CPR) – see Page 14

Please Note: Only completed applications that include all documents/processes listed above will be accepted. Students will be notified by email of the next steps in the application process.

EMS1119C/EMS1431 – Emergency Medical Technician (EMT)

Memorandum of Understanding

As a student of EMS1119C Emergency Medical Technician Lecture/Lab and EMS1431 Emergency Medical Technician Clinical, I understand the following requirements that are directly related to my successful completion of this class and advancement throughout the EMT program:

1. I will complete a Level 2 Background Check, all vaccinations required by the program affiliates, and a drug test **before** I can be registered for EMS1119C/EMS1431 EMT Lecture/Lab. The deadline for compliance is the declared Add/Drop date published in the Daytona State Academic Calendar for each respective semester of EMS1119C/EMS1431.
2. I understand that if I am not compliant with the aforementioned non-negotiable requirements by the end of Add/Drop, I will not be eligible for enrollment into EMS1119C/EMS1431. Upon completion of those items in the future, I may be eligible to enroll into future semesters.
3. I understand I may be given the opportunity to sign exemption forms regarding some vaccination requirements in lieu of taking a vaccination and that if those exemption forms are denied by the affiliate sites, I will not be able to continue in the EMT program and it may be necessary to file for a withdrawal from the class. I understand that only tuition is assumed to be refundable under very specific conditions and supplies/uniforms may not be refundable. Any requirement deemed as mandatory by a clinical affiliate is required to complete the EMT program.
4. I understand that I am required to achieve and maintain current AHA Basic Life Support for Healthcare Provider (CPR) certification for the duration of the EMT program. Proof of certification is required for program application approval and registration into the class.
5. I understand by registering for this class, I am agreeing to adhere to all program policies, Statutes/Rules, and Daytona State College policies and I understand that it is my responsibility to read, make myself aware, understand, and practice these standards throughout my enrollment with the EMT program. Choosing not to follow any policies or requirements may result in my removal from the program and forfeiture of some or all of the tuition, fees, and expenses associated with my enrollment into the EMT program.

Student Name (please print)

Signature of Applicant

Date

EMS2603C - Paramedic I

Memorandum of Understanding

As a student of EMS2603C Paramedic I, I understand the following requirements that are directly related to my successful completion of this class and advancement throughout the Paramedic program:

1. I must obtain Florida EMT certification prior to the completion of Phase I of my Paramedic training, FS 401.2701(b)(2).
2. I will complete a Level 2 Background Check, all vaccinations required by the program affiliates, and a drug test **before** I can be registered for EMS2604C – Paramedic II Lecture/Lab, or EMS2666 - Paramedic Clinical I. Students shall endeavor to complete these requirements after the midpoint but before the end of EMS2603C. The deadline for compliance is the declared Add/Drop date published in the Daytona State College Academic Calendar for each respective semester of EMS2604C and EMS2666.
3. I understand that if I am not compliant with the aforementioned non-negotiable requirements by the end of Add/Drop, I will not be eligible for enrollment into EMS 2604C Paramedic II or EMS2666 Clinical I. Upon completion of those items in the future, I may be eligible to enroll into future semesters and would be considered on a case-by-case basis by the EMS Program Manager and Charles M. Curb School of Emergency Services Director.
4. I understand I may be given the opportunity to sign exemption forms regarding some vaccination requirements in lieu of taking a vaccination and that if those exemption forms are denied by the affiliate sites, I will not be able to continue in the Paramedic program. Any requirement deemed as mandatory by an affiliate is required to complete the Paramedic program.
5. I understand that I am required to maintain current AHA BLS for Healthcare Provider (CPR) certification, Tetanus Vaccination, Tuberculosis resistance, and EMT certification once achieved in “Good Standing,” for the duration of the program.
6. I understand by registering for this class, I am agreeing to adhere to all program policies, Statutes/Rules, and Daytona State College policies and I understand that it is my responsibility to make myself aware, understand, and practice these standards throughout my enrollment with the Paramedic program.

Student Name (please print)

Signature of Applicant

Date



Date: _____

Please Print

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
DSC Student ID#	SS# (last 4 digits ONLY)	Date of Birth

Please select the program below that you would like to attend in Fall 2023:

Emergency Medical Technician

☐ 801 Day Program ☐ 802 Day Program ☐ 875 Night Program

Paramedic

☐ Volusia County Fire B-Shift Schedule

For Paramedic, do you have a valid and current State of Florida EMT license? ☐ Yes ☐ No

If yes, please submit a copy with your completed application.

If no, you must possess a valid and current State of Florida EMT license before taking the final examination for Paramedic I or you will be removed from the Paramedic program.

Please initial that you understand and agree to this policy. _____ *(student initials here)*

Student Information

Mailing Address: Number and Street	City
State	Zip Code
Telephone: Home	Cell
DSC Email – Will be used for all communication during the program	DSC ID#

Do you possess a valid driver's license? ☐ Yes ☐ No

If yes, please submit a copy with your completed application.

Do you possess a standard high school diploma or GED? ☐ Yes ☐ No

If yes, please submit a copy with your completed application. If these documents were already submitted to DSC when you applied for admission, the department secretary will print a copy from your DSC Student Documents electronic file.

Please initial if you would like them printed for your application. _____ (*student initials here*)

If you do not possess a standard high school diploma or GED, please contact the EMS Department at Teresa.Campbell@DaytonaState.edu or at 386-506-4122 before completing the rest of the application.

Emergency Contact

Emergency Contact: Name	Relationship	Phone Number

Employment Verification and Military Status

Are you currently employed by an Emergency Medical Services, Fire, Law Enforcement, or Public Safety agency for whom you are taking this training?

☐ Yes ☐ No

If yes, please provide the agency contact information:

Employing Agency	
Contact Person	
Telephone Number	

Are you currently a volunteer with an Emergency Medical Services, Fire, Law Enforcement, or Public Safety agency?

☐ Yes ☐ No

If yes, please provide the agency contact information:

Volunteer Agency	
Contact Person	
Telephone Number	

Are you a United States Veteran?

☐ Yes ☐ No

If yes, please submit a copy of your DD214 (Member 4) with your completed application.

Are you Active-Duty Military or Active Reserve?

☐ Yes ☐ No

Criminal History

All applicants are required to complete a Level 2 background check and a 10-panel drug screen prior to being accepted to a DSC EMS program. For information on charges not accepted by the DSC EMS Department, please review Florida State Statutes 435.03, 435.04, and 741.28 - 741.31.

If you answer YES to any of the following questions, please write an explanation on the lines provided. You may need to provide copies of the arrest report(s) and/or final disposition(s) if asked by the EMS department staff. The questions pertain to arrest history for civilian AND military records.

- | | | |
|--|------------------------------|-----------------------------|
| • Have you ever been arrested for a felony charge? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Have you ever been arrested for a misdemeanor charge? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Have you ever been arrested for a drug or alcohol violation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Have you ever been convicted of any charge(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you have any pending and/or ongoing legal action related to a charge? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Have you ever been issued a Notice to Appear? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For each "yes" you answered to the questions above, please explain/describe:

Please Note: If you have any pending legal action related to a charge, you are not eligible to apply to a DSC EMS program until the case has been settled and the disposition has been posted.

Any arrest that occurs during a DSC EMS program **must** be reported to the EMS Department Program Manager. Arrests/convictions during a DSC EMS program may disqualify the student from participation in the required clinical rotations due to clinical affiliate liability issues. The inability of a student to complete clinical rotations will prevent the student from completing the required course requirements, and the student will be removed from the program. The clinical affiliates have the right to refuse an applicant/current student at any point before or during the program for any arrest or offense regardless of conviction.

I have read the Criminal History information listed on this page, and I understand the statements listed:

Student Name (please print)

Signature of Applicant

Date

List of Excluded Individuals/Entities (LEIE)

The Office of the Inspector General (OIG) publishes a List of Excluded Individuals/Entities (LEIE) which provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid, and all other Federal health care programs. Applicants for the EMT program and/or the Paramedic program will be compared against the LEIE database. Any applicant that is on the LEIE list IS NOT PERMITTED TO ATTEND EMT AND/OR PARAMEDIC PROGRAMS AT DSC.

I have read and understand the above statement. _____ (*student initials here*)

Florida Statute Section 435.03 states in pertinent part as follows: Any person for whom employment screening is required by statute must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under any of the following provisions of the Florida Statutes or under a similar state of another jurisdiction:

- a) Section 415.11, relating to abuse, neglect, or exploitation of a vulnerable adult.
- b) Section 782.04, related to murder.
- c) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- d) Section 782.071, relating to vehicular homicide.
- e) Section 782.09, related to killing of an unborn child by injury to the mother.
- f) Section 784.011, related to assault, if the victim of the offense was a minor.
- g) Section 784.021, related to aggravated assault.
- h) Section 784.03, related to battery, if the victim of the offense was a minor.
- i) Section 784.045, related to aggravated assault.
- j) Section 787.01, related to kidnapping.
- k) Section 787.12, related to false imprisonment.
- l) Section 794.011, related to sexual battery.
- m) Section 794.041, relating to prohibited acts of persons in familial or custodial authority.
- n) Chapter 796, relating to prostitution.
- o) Section 798.02, related to lewd and lascivious behavior.
- p) Chapter 800, relating to lewdness and indecent exposure.
- q) Section 806.01, relating to arson.
- r) Chapter 812, related to theft, robbery, and related crimes, if the offense was a felony.
- s) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- t) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- u) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person, disabled adult.
- v) Section 825.1025, Section 825.102, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- w) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- x) Section 826.04, relating to incest.
- y) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- z) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- aa) Former s.827.05, relating to negligent treatment of children. aa) Section 827.071, relating to sexual performance of a child. bb) Section 847, relating to obscene literature.
- bb) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- cc) Section 456.0635, relating to Medicaid fraud; disqualification for licensure, certificate, or registration (pertaining to a felony under Chapter 409, Chapter 817, Chapter 893, 21 U.S.C. ss.801-970).

Halifax Health

Level 2 Background Screening – Students participating in Placement must meet the Level 2 screening standards set forth in Florida Statute 435.04, including no record of the prohibited offenses set forth in 435.04 (2) and (3), as evidenced by a Level 2 Background Screening with Fingerprints performed within the 12 months preceding Placement at a Halifax facility.

Additional Required Criteria for Each Student

In addition to meeting the Level 2 screening standards, each student must also meet the Additional Required Criteria, as evidenced by a background check performed by an approved vendor within the 12 months preceding their placement participation, or through the production to Halifax Health of original source documentation confirming the following:

- No felony convictions (ever) in any state (or pleas of nolo contendere or “no contest”) related to: healthcare fraud or abuse; unlawful possession or distribution of illegal substances or firearms; or aggravated assault
- In the past 5 years, no misdemeanor convictions in any state (or pleas of nolo contendere) related to: healthcare fraud or abuse; possession or distribution of illegal substances or firearms; or aggravated assault
- Social security verification or proof of current visa and eligibility to work in the United States for the duration of placement
- Nationwide Sexual Offender & Predator Registry – confirm no listing for student
- Confirm student is not an Excluded Provider as determined by the federal government: Office of Inspector General (OIG) – List of Excluded Individuals/Entities (https://oig.hhs.gov/exclusions/exclusions_list.asp)
- General Services Administration (GSA) – Excluded Parties List (<https://www.sam.gov/portal/SAM/#1>)
- Applicable Licensure Board – for all students, if applicable – confirm active license in good standing with no restrictions and no current disciplinary action



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 Daytona State College 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 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 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 checks 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 THE QUALIFIED ENTITY:

Entity Name: **Daytona State College**

Address: **1200 West International Speedway Boulevard, Daytona Beach, FL 32120**

Telephone: **(386) 506-3496** Fax: **(386) 506-4482**

FDLE Assigned Qualified Entity Number: **E64020003**

ORIGINAL – MUST BE RETAINED BY QUALIFIED ENTITY. COPY – SEND TO FDLE WITH FINGERPRINT CARD.



The Family Educational Rights and Privacy Act (FERPA), also known as the BUCKLEY ACT, is a federal law regarding the privacy of student records and the access to these records. As a student attending Daytona State College's Charles M. Curb School of Emergency Services Florida Law Enforcement Academy, Correctional Officer Recruit Academy, EMT/Paramedic Program, Fire Fighter Program, In-service, Advanced or Specialized Training, to gain or maintain certification, I recognize that certain records that pertain to me are being developed and maintained which may fall under the protections of FERPA.

I also understand that there may be some potential need for these records to be released to current employers, potential employers, FDLE Criminal Justice Standards and Training Representatives, Bureau of EMS, Bureau of Fire Standards or in any other entity that the authorized staff of the Charles M. Curb School of Emergency Services deems it appropriate to release my records.

These records would include, but are not limited to:

- Attendance/enrollment
- Grades/Transcripts
- Student proficiency or test scores

I understand and agree, that by signing this document, I am agreeing to allow Daytona State College's Charles M. Curb School of Emergency Services to release any and all of my student records or above information to any employing or any prospective employing agency for the purpose of audit, certification, determining my current employment status, or in determining my prospective suitability for employment.

Furthermore, I agree to hold harmless Daytona State College's Charles M. Curb School of Emergency Services and all members of their respective staffs from any and all liability arising from the release of my student records.

Student Name (please print)

Signature of Applicant

Date

Attested to this date before:

Witness Name (please print)

Signature of Witness

Date

CastleBranch

CastleBranch will be used for the Drug Test, Fingerprinting, and Medical Document Manager that is required for the DSC EMT program and/or the Paramedic program. Directions are on the next page.

*There are multiple packages that can be purchased. MAKE SURE YOU ARE PURCHASING THE CORRECT PACKAGE. If you are unsure which package to order, contact Mrs. Campbell at Teresa.Campbell@DaytonaState.edu or (386) 506-4122 **BEFORE** you purchase a package.*

Drug tests and fingerprinting must be completed through CastleBranch – no others will be accepted.

After your drug test appointment, the drug test results will post on your CastleBranch account, and a copy will be printed for your application. After your fingerprinting appointment, the FDLE report will be sent electronically to DSC, and a copy will be printed for your application.

You will receive a receipt for the drug test and for the fingerprinting – submit these two receipts with your completed application.

The packages are:

Package Code DB36: Drug Test – Fingerprinting – Medical Document Manager

This package is for students that have not purchased a CastleBranch package for a Daytona State College EMT and/or Paramedic program 2018 to present.

Package Code DB36re: Drug Test – Fingerprinting

This package is for students that have purchased a CastleBranch package for a Daytona State College EMT and/or Paramedic program 2018 to present. These students will already have Medical Document Manager and will only need to update their drug test and fingerprinting.

Package Code DB36fp – Fingerprinting

This package is for students that have purchased a CastleBranch package for a Daytona State College EMT and/or Paramedic program 2018 to present. These students will already have Medical Document Manager and will only need to update their fingerprinting.

Package Code DB36dt – Drug Test

This package is for students that have purchased a CastleBranch package for a Daytona State College EMT and/or Paramedic program 2018 to present. These students will already have Medical Document Manager and will only need to update their drug test.

*If you are unsure which package to order, contact Mrs. Campbell at Teresa.Campbell@DaytonaState.edu or (386) 506-4122 **BEFORE** you purchase a package.*



Daytona State College – EMS has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.

Order Instructions for Daytona State College – EMS

1. Go to discover.castlebranch.com
2. In the upper right corner, click PLACE ORDER
3. In the Package Code: box, type in one of the following:
 - DB36 (will include Drug Test, Fingerprinting, & Medical Document Manager – Cost: \$134.25)
OR
 - DB36re (will include Drug Test & Fingerprinting – Cost: \$96.25)
OR
 - DB36fp (will include Fingerprinting – Cost: \$53.25)
OR
 - DB36dt (will include Drug Test – Cost: \$43.00)

Your payment options include Visa, Mastercard, Discover, Debit, electronic check, and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

For additional assistance, please contact the CastleBranch Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.

Immunization records are listed on high school transcripts for public high schools in Florida. If your high school transcripts are at DSC, contact Teresa Campbell and a copy will be printed for you.

Immunization records can be requested at the Volusia County Health Department:

1845 Holsonback Drive
Daytona Beach, FL 32117
(386) 274-0500

Daytona State College

Emergency Medical Technician Program and/or Paramedic Program

Physical Examination

All sections of the report must be completed, and the form must be signed and dated. Office stamp must be added.

Personal Information

Name: Last	First	Middle
Age	Height	Weight

Vision

Uncorrected	Right: 20/_____	Left: 20/_____
Corrected	Right: 20/_____	Left: 20/_____
Color Perception	_____	

Hearing

Right: 20/_____	Left: 20/_____
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Vital Signs

Respiratory Rate _____	Blood Pressure _____
Resting Heart Rate _____	3-Minute Step Test at 98 steps/minute. Heart rate after exertion (Step Test) _____

Clinical Evaluation

Clinical Evaluation	Normal	Abnormal	Describe in this space as needed.
Head, face, scalp	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	<input type="checkbox"/>	
Nose	<input type="checkbox"/>	<input type="checkbox"/>	
Mouth/Throat	<input type="checkbox"/>	<input type="checkbox"/>	
Chest/Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Neck/Back	<input type="checkbox"/>	<input type="checkbox"/>	
Vascular System	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	

Immunizations

All immunizations **MUST BE CURRENT** throughout the EMT and/or Paramedic program(s).

Tetanus Booster

Injection Date	
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Not exceeding 10 years from first day of program.

Hepatitis B Series

1 st Injection Date		2 nd Injection Date	
3 rd Injection Date			

A positive antibody titer is also accepted.

Tuberculosis

Injection Date		Result	
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Must be within one year; if result positive, chest x-ray report must be attached. QuantiFeron Gold blood test with negative result is also accepted.

MMR (Measles, Mumps, Rubella)

1 st Injection Date		2 nd Injection Date	
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If born 1957 or later, two doses of vaccine four weeks apart. A positive antibody titer is also accepted.

Varicella (Chickenpox)

1 st Injection Date		2 nd Injection Date	
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Two doses of vaccine given at least 28 days apart. A positive antibody titer is also accepted.

Flu

Do not get a flu shot at this time. Information on flu shots will be discussed after the Fall 2023 semester begins. This line will be listed as INCOMPLETE in Castlebranch.

COVID-19

Students must have the two-shot option or the one-shot option. Please include a copy of your COVID-19 immunization card with your application.

Medical exemption and/or religious exemption forms are available, but their approval/denial is made by the clinical affiliates, not by DSC. Students with denied exemption forms cannot complete the program. Please email Martha.Driscoll@DaytonaState.edu for more information.

Does the applicant have adequate pulmonary function to exert himself/herself (i.e., lifting and carrying patients, performing CPR) while wearing a properly fitted High Efficiency Particulate Air respirator? ☐ Yes ☐ No

Please comment below on any specific health problem which might interfere with the clinical activities, such as back or neck injuries, allergies, significant medical history, etc. Please comment below of any prescribed medications which may interfere with alertness or reflexes.

This student is participating in an EMT and/or Paramedic training course, which involves the following:

- the ability to wear full protective equipment and may include helmet, protective coat and pants, suspenders, gloves, N95 mask, Powered Air Purifying Respirators (PAPR), or breathing apparatus.
- the ability to drag, lift, carry, and move weights up to 125 pounds.
- the ability to climb stairs and ladders.
- the ability to work in heat, water, and other hostile environments.

This certifies that on this date, _____, I examined _____ and found him/her to be in _____ physical condition. I understand the program activities listed above, and in my professional opinion, this student is physically and mentally healthy enough to participate in the EMT and/or Paramedic program at Daytona State College.

Examining Physician Name

License #

Office Stamp:

Statements of Understanding

1. I understand that the Daytona State College EMS program is an intensive academic program, involving lecture classes and lab classes on a demanding schedule, in addition to required clinical rotations. I have read and understand these requirements as outlined.

_____ (*student initials here*)

2. I understand that attendance is required at all lecture classes, lab classes, and clinical rotations, and that there are no unexcused absences.

_____ (*student initials here*)

3. I understand that I will be required to enroll in the specific lab class that corresponds with my lecture class.

_____ (*student initials here*)

4. I understand that there are minimum passing scores that must be met in all DSC EMS programs. These will be explained to me in detail during the first week of class.

_____ (*student initials here*)

5. I understand that student uniforms are required, and that I must purchase these before the first day of class.

_____ (*student initials here*)

6. I understand that I will be required to sign "hold harmless agreements" to complete mandatory clinical rotations at emergency services agencies.

_____ (*student initials here*)

7. I understand that I may be exposed to communicable diseases and/or bloodborne pathogens during clinical rotations.

_____ (*student initials here*)

8. I understand that I must complete a criminal background check and a drug screen as part of the application processes. If the results of my background and/or drug screen are not acceptable to the DSC EMS program clinical affiliates, I will be dismissed from the DSC EMS program that I am attending.

_____ (*student initials here*)

9. I understand that relationships between students and DSC EMS department staff or instructors are strictly prohibited.

_____ (*student initials here*)

Personal Character Statement

Please complete this form in front of a Notary Public.

In accordance with the qualifications for certification as an Emergency Medical Technician as set forth in Chapter 401, Florida Statute, I (student) _____, hereby swear and certify that:

1. I am free from any physical defect, mental defect, or disease which might impair my ability to perform as an Emergency Medical Technician or as a Paramedic.

_____ (student initials here)

2. I am free from addiction to alcohol, or any controlled substance(s) and I understand I will submit to a 10-panel drug screen prior to acceptance into a DSC EMS program.

_____ (student initials here)

3. I understand that I will submit to an FDLE and NCIC criminal background check prior to acceptance into a DSC EMS program and I have reviewed the Level 2 screening standards for exclusions.

_____ (student initials here)

4. I understand that any fraudulent entry on this application may be cause for rejection of my application, dismissal from the DSC EMS program that I am attending, or rejection of state certification eligibility.

_____ (student initials here)

Signature of Applicant

Date

☐ Personally Known **OR**

☐ ID Provided: _____

Sworn to and subscribed before me on this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

PLEASE AFFIX SEAL ABOVE



Basic Life Support for the Healthcare Provider Course (CPR)

DSC EMS students must have a current AHA BLS for the Healthcare Provider card for the entire length of their program. A copy of the card must be submitted with the Fall 2023 program application. Information on available AHA BLS classes can be found at:

www.campusce.net/iemse

Under the American Heart Association tab, click on Basic Life Support.

Choose the date you are interested in. Add to cart. Follow all the rest of the online instructions.

If you have any problems, please feel free to call Michele or Jenny and they will assist you through the process.

Contact Information

Michele Macklefresh-Franks, Coordinator
Training Center & Institute for EMS Education

P (386) 506-3298

F (386) 506-4367

Michele_Macklefresh@DaytonaState.edu

Jenny Bridger, Senior Staff Assistant
Health Science Hall (Building 320), Room 022 (Basement)

P (386) 506-3816

F (386) 506-4367

Jenny_Bridger@DaytonaState.edu

Emergency Medical Technician (EMT) Description

An EMT is a healthcare professional whose primary focus is to respond to, assess and triage emergent, urgent, and non-urgent requests for medical care, apply basic knowledge and skills necessary to provide patient care and medical transportation to/from an emergency or health care facility. Depending on a patient's needs and/or system resources, EMTs are sometimes the highest level of care a patient will receive during an ambulance transport. EMTs often are paired with higher levels of personnel as part of an ambulance crew or other responding group. With proper supervision, EMTs may serve as a patient care team member in a hospital or health care setting to the full extent of their education, certification, licensure, and credentialing. In a community setting, an EMT might visit patients at home and make observations that are reported to a higher-level authority to help manage a patient's care. When practicing in less populated areas, EMTs may have low call volume coupled with being the only care personnel during prolonged transports. EMTs may provide minimal supervision of lower-level personnel. EMTs can be the first to arrive on scene; they are expected to quickly assess patient conditions, provide stabilizing measures, and request additional resources, as needed.

Emergency Medical Technicians:

- Function as part of a comprehensive EMS response, community, health, or public safety system with defined clinical protocols and medical oversight.
- Perform interventions with the basic equipment typically found on an ambulance to manage life threats, medical, and psychological needs.
- Are an important link within the continuum of the emergency care system from an out- of-hospital response through the delivery of patients to definitive care.

Other Attributes:

The majority of personnel in the EMS system are licensed at the EMT level. The EMT plays many important roles and possesses the knowledge and skill set to initially manage any emergency until a higher level of care can be accessed. In areas where Advanced EMT or Paramedic response is not available, the EMT may be the highest level of EMS personnel a patient encounters before reaching a hospital. EMTs advocate health and safety practices that may help reduce harm to the public.

Paramedic Description

The paramedic is a health professional whose primary focus is to respond to, assess, and triage emergent, urgent, and non-urgent requests for medical care, apply basic and advanced knowledge and skills necessary to determine patient physiologic, psychological, and psychosocial needs, administer medications, interpret and use diagnostic findings to implement treatment, provide complex patient care, and facilitate referrals and/or access to a higher level of care when the needs of the patient exceeds the capability level of the paramedic.

Paramedics may work in community settings where they take on additional responsibilities monitoring and evaluating the needs of at-risk patients, as well as intervening to mitigate conditions that could lead to poor outcomes. Paramedics help educate patients and the public in the prevention and/or management of medical, health, psychological, and safety issues.

Paramedics:

- Function as part of a comprehensive EMS response, community, health, or public safety system with advanced clinical protocols and medical oversight.
- Perform interventions with the basic and advanced equipment typically found on an ambulance, including diagnostic equipment approved by an agency medical director.
- May provide specialized interfacility care during transport.
- Are an important link in the continuum of health care.

Other Attributes:

Paramedics commonly facilitate medical decisions at an emergency scene and during transport. Paramedics work in a variety of specialty care settings including but not limited to ground and air ambulances, occupational, in hospital, and community settings. Academic preparation enables paramedics to use a wide range of pharmacology, airway, and monitoring devices as well as to utilize critical thinking skills to make complex judgments such as the need for transport from a field site, alternate destination decisions, the level of personnel appropriate for transporting a patient, and similar judgments.