South Florida State College

EMT-Basic
Entrance Packet

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Updated 11/2014
EMS & Fire Science Programs

SFSC Vision

Enriching our communities through education...one life at a time

SFSC Institutional Core Values

INTEGRITY We encourage the free exchange of ideas in an environment that embraces honesty, fairness, personal responsibility, and ethical leadership.

SERVICE We actively seek opportunities to enhance achievement and success in our local and world communities

COMMUNITY We embrace cultural diversity, inclusiveness, collaboration, mutual respect, responsive and productive partnerships and the sharing of resources.

LEARNING We are committed to providing opportunities for students and staff to succeed in a highly competitive environment so that they can become effective lifelong learners.

EXCELLENCE We seek to provide high-quality, innovative, and flexible teaching and learning opportunities in a learning-centered environment.

ACCOUNTABILITY We value personal and institutional ownership through integrated planning and assessment of all programs

RESPONSIBILITY We honor our commitments in all initiatives and leadership endeavors as well as promote environmental stewardship.

Health Science Division Mission Statement

To prepare compassionate and ethical healthcare professionals who continually strive for excellence through interprofessional collaboration, in a dynamic learning environment.

EMS Programs Mission Statement

The mission of the SFSC EMS Programs is to prepare competent entry-level Emergency Medical Responders (First Responders), Emergency Medical Technician-Basics, and Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. This will be accomplished by providing a positive learning environment to students seeking to accept their roles in the professional community in the surrounding jurisdictions. Completion of goals and competence will be documented using the most recent version of the “SFSC EMS Program Policies and Procedures” and “SFSC EMS Program Student Handbook” as a guide.

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Welcome

Dear Applicant:

Thank you for your interest in the Emergency Medical Services (EMS) Programs at South Florida State College. I have been actively involved in Pre-hospital Emergency Medicine for many years. I truly have a love and appreciation for EMS and those who provide this necessary care. The EMS Profession can be a rewarding career. This career is not for everyone. It will take time, effort, desire, and most of all, determination to complete this program and start your EMS career. This profession is serious and the training you will receive should not be taken lightly.

As the Medical Director for the EMS Programs at South Florida State College, it is my responsibility to insure the instruction you receive while enrolled in this program meets the requirements set forth by the State of Florida, as well as the EMT-B National Standards DOT Curriculum. In conjunction with the SFSC EMS Advisory Committee, I have approved the use of the Brady, *Prehospital Emergency Care 9th ed.* as the text/workbook for all EMT-Basic students. This text is also to be used in conjunction with the EMT-Basic National Education Standards and the Florida Department of Education Curriculum Frameworks.

I have approved the content of this application, as well as the SFSC EMS Programs Student Handbook and SFSC EMS Programs Policies and Procedures. Please note that you are responsible for your actions.

I am looking forward to working beside you as you endeavor to study in the EMS field. I am available to you for instruction, comments, and feedback during your enrollment in the EMT-B Program at SFSC. I also hope that you will continue your education and training in a future Paramedic Program.

Enjoy your experience, and once again thank you.

Sincerely:

Donald B. Geldart, MD
Medical Director, SFSC

Updated 11/2014
EMT-Basic Program
Admissions Requirements

Print this application. All criteria will be fulfilled and documentation complete and returned to Admissions Office prior to consideration for this program.

ADMISSION REQUIREMENTS
The following entrance criteria must be fulfilled and submitted to the EMT Training Center a minimum of one month prior to the scheduled class start date:

I. **Tenth grade level in reading, mathematics, and language as certified by the TABE.** This requirement may be waived, if you have received an associate’s degree or higher.

II. Eighteen years of age or older. You must provide copy of current driver’s license.

III. A high school/GED graduate (provide high school transcript, showing graduation with high school/GED scores).

IV. Physical examination. Have the college approved physical exam form completed and returned.

V. EMS Programs immunization and health history forms completed and negative finding on a tuberculosis skin test (or negative finding on chest X-Ray).

VI. Provide proof of current Cardio Pulmonary Resuscitation (CPR) training. Training must be completed at the “Professional Rescuer” level from one of the following agencies: American Heart Association (AHA), American Red Cross (ARC), or American Safety and Health Institute (ASHI).

VII. In addition, if you are admitted to the program, you are required to sign the following documents:
   A. Statement to the effect that, to the best of your knowledge, you do not have any physical and/or mental condition that would interfere with your ability to perform the required EMT responsibility.
   
   B. Compliance Agreements. This is required to ensure that you are informed of the rights to which you are entitled according to standard college policy as well as program policies.
   
   C. Rescue/Injury Release form. This form is required to ensure that you are aware and have been informed that the clinical portion may result in your injury, death, or illness.
   
   D. Immunization declination form(s), if required immunizations have not been completed.

VIII. Complete the Emergency Medical Responder course (1 credit).

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REGISTRATION PROCESS

Completed packets are date stamped upon receipt and a priority number is issued to your application based on the date the packet is received.

One month prior to the beginning of the class, you will be notified, based on your priority number, of registration/orientation dates and procedures. (If you do not register by the specified date, you forfeit your priority number.)

If more than 18 applications are accepted, priority for admission will be based using the following criteria:

1. Applicants currently working in the EMS or Fire field and have completed the EMT Program pre-requisite of “First Responder” or “Emergency Medical Responder”.
2. Persons who have already completed the EMT Program pre-requisite of “First Responder” or “Emergency Medical Responder”.
3. SFSC “Emergency Medical Responder” course grade point average.

After registration and payment of fees, students must complete a background check according to the SFSC Health Sciences Background Check Policy. Students who are unable to attend this program as a result of the background check will forfeit his/her acceptance in the program. Any cost associated with the background check will NOT be refunded.

After registration and payment of fees, the student must submit to a 10 panel drug screening. Students who are unable to attend this program as a result of a positive drug screening will forfeit his/her acceptance in the program. Any cost associated with the drug screening will NOT be refunded.

All information in this packet is to be used by staff only and is held in the strictest of confidence. Thank you for your honesty.

EQUAL ACCESS/EQUAL OPPORTUNITY - SFSC pledges to provide equal access to education and employment opportunity to all regardless of race, color, religion, gender, national origin, age, disability, marital status, political affiliation, and sexual orientation. The college adheres to federal and state laws that control equal access/equal opportunity. This pledge covers all aspects of the educational and employment relationship with our students and employees. If you have concerns regarding this pledge, address them to the EA/EO student coordinator, (863) 784-7107.

The following staff members have been assigned to assist in ensuring that you have access to the college’s programs, services, and facilities. Please contact these individuals, if you require assistance.

Dr. Timothy Wise, Dean of Student Services
EA/EO Student Coordinator
(863) 784-7107, Building B, 2nd Floor
Timothy.Wise@southflorida.edu

NOTE: Staff located at 600 West College Drive, Avon Park, FL 33825.
SFSC EMT-Basic Program Frequently Asked Questions:

Q  How long is the course?
A  250 contact hours (16 weeks)

Q  What is the class schedule?
A  Most classes are held on Monday, Tuesday, and Thursday nights from 6pm-10pm.

Q  Does the class times include lab, clinical, and field internship?
A  The class times include laboratory, but hospital clinical and field internship are scheduled outside of normal class hours.

Q  What is Hospital Clinical Experience?
A  It is a 10 hour shift spent in the Emergency Department, where you will perform assessments and skills learned in class and lab on patients. This portion of the training is under the direct supervision of a Program Preceptor (Total 10 hours)

Q  What is Field Internship?
A  It is a series of 8-12 hour shifts that you ride on an ambulance and function in the capacity of an EMT-Basic under the direct supervision of a Program Preceptor (50 hour minimum).

Q  Can I have a criminal record and still be an EMT-Basic in the State of Florida?
A  It is possible to have a criminal history and be certified as an EMT-Basic in the State of Florida. All EMT-Basic students who complete the Program have to apply with two different agencies in order to take the Florida Certification Exam. The contact information for these agencies is listed below:

- National Registry of EMTs www.nremt.org

Q  Can I have a bad driving record and work as an EMT-Basic?
A  Driving is a very important aspect of the EMT-Basic job and prospective employers will not look favorably on a poor driving record.

Q  What are the physical requirements of the EMT-Basic Program?
A  Students should have manual dexterity to be able to perform minute tasks with both hands and be able to lift and carry 100 pounds. You will be required to have a physical examination with a physician signature stating that you are physically capable of performing the tasks of an EMT-Basic. For further information regarding the "Functional Job Analysis" for the EMT-Basic, visit the "Link" on the next page "National Standard Curriculum/Functional Job analysis".

Q  What is the cost for the class?
A  Approximately $1500 (including books and uniform).

Q  Is financial aid available?
A  Contact the SFSC Financial Aid Department: www.southflorida.edu or (863 –784-7254)
Emergency Medical Technician-Basic

**Purpose:** This course is designed to prepare the individual for entry into the occupation of Emergency Medical Technician-Basic in the area of pre-hospital care at a basic support level.

**Objectives:** Upon completion of this program, the student will:

1. Recognize the nature and seriousness of a patient’s illness/injury in order to accurately assess the proper emergency medical care.
2. Administer appropriate emergency care based on their training to stabilize the patient's condition.
3. Lift, move, position, and otherwise handle the movement of the patient in such a way as to minimize discomfort and further injury.
4. Fulfill all written and practical objectives as required by the DOT curriculum.
5. Be eligible to take the State of Florida EMT State Board Exam.

**Instructional Philosophy:**
Learning is self-motivated active process, which is goal-directed, and the responsibility of the individual. This program is divided into learning units and each student must demonstrate proficiency in all units through punctuality, regular attendance, test scores, and cooperation with instructors and fellow students.

**Attendance Policy:**
- See SFSC EMS Programs Student Handbook.

**Course Completion Requirements**
- See SFSC EMS Programs Student Handbook

**Clinical criteria for completion:**
- See SFSC EMS Programs Student Handbook

**Required Equipment:**
- Uniform as determined by Program Chairperson, as well as:
  - Stethoscope, bandage scissors, penlight, watch
  - Notebook
- Personal protective equipment will be supplied by the College.

**On-Line Resources:**
Admission as a student at SFSC
- [http://www.southflorida.edu/student/services/admissions/](http://www.southflorida.edu/student/services/admissions/)

EMT-Basic Program Description

EMT-Basic Program Application/Application Process
- [http://www.southflorida.edu/academic/alliedhealth/flowcharts/EMT-Basic.aspx](http://www.southflorida.edu/academic/alliedhealth/flowcharts/EMT-Basic.aspx)

National Standard Curriculum/Functional Job analysis:
- [http://www.ems.gov/education/nationalstandardandnecs.html](http://www.ems.gov/education/nationalstandardandnecs.html)

State of Florida certification requirements

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Emergency Medical Service Program
EMT Student Application

PLEASE PRINT OR TYPE ALL ENTRIES:

Name: ____________________________________________

Last     First     Middle

Mailing Address: __________________________________

PO Box or Street     City     State     Zip Code

Home Telephone: ____________________________

SFSC Student ID#: ____________________________

Work Telephone: ____________________________

Date of Birth: ____________________________

Cell Phone: ____________________________

Email: ______________________________________

Emergency Telephone: _______________________

Please list reason(s) for applying to the program:
____________________________________________________________________________________
____________________________________________________________________________________

I certify that all information on this application is correct. I understand that it is my responsibility to provide all necessary documentation required to process this application, including proof of residency and official transcripts.

____________________________________________________________________________________

Signature of Student

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Emergency Medical Service Program

STATEMENT TO THE EFFECT THAT, THE APPLICANT, TO THE BEST OF HIS/HER KNOWLEDGE, DOES NOT HAVE ANY PHYSICAL AND/OR MENTAL CONDITION THAT WOULD INTERFERE WITH HIS/HER ABILITY TO PERFORM RESPONSIBILITIES OF AN EMT.

Sign the statement in the presence of a Notary.

I ________________________________ hereby swear and attest that:

I am free from addiction to alcohol or any other controlled substance. To the best of my knowledge, do not know of any physical and/or mental condition that would impair and/or interfere with my ability to perform the required duties of an EMT.

___________________________________
Student Name (Print)

___________________________________________
Student Signature

Sworn to and subscribed before me this

________ day of __________, 20____

Proof of Identity:

□ State of Florida Driver’s License #______________________________

□ This person signing this document is personally known to me

_____________________________________
Notary Public State of Florida at Large

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Emergency Medical Service Program

STUDENT FAILURE TO DEMONSTRATE ACCEPTABLE STANDARDS OF PERFORMANCE

Sign the statement in the presence of a Notary.

This agreement is provided to insure that all students have been informed about SFSC EMS Program’s right to remove students whose conduct is unacceptable as described in the EMS Program Rules and Regulations.

I _________________________________(print name) understand that my enrollment in the EMS Program may be discontinued at any time if, in the professional judgment of the EMS Program Manager, Dean of Health Sciences, the Coordinator/Nurse Manager (clinical rotations), or EMS System Administrator, I demonstrate unsuitability for a career in EMS (attitudes toward personnel and/or patients, criminal activities, inability to set priorities, inaccuracy, carelessness, or lack of manual dexterity, etc.). The Hospital or EMS administration to which I am assigned for clinical experience has the right to request SFSC to withdraw me from its facilities, if my conduct or work with patients, family, personnel or others is not in accordance with acceptable standards of performance.

___________________________________
Student Name (Print)  Date

___________________________________
Signature

Sworn to and subscribed before me this

__________ Day of ____________, 20____

Proof of Identity:

☐ State of Florida Driver’s License #______________________________

☐ This person signing this document is personally known to me

___________________________________
Notary Public State of Florida at Large

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