



South Florida State College

HEALTH SCIENCES ADVISING REFERRAL FORM

PARAMEDIC 3042

Student Name: _____ GID: _____

The above referenced student has been advised for this specific program and has met the admission qualifications as follows:

- _____ 1.) Student has a current SFSC application on file.
- _____ 2.) Student has submitted their official high school and college transcripts to SFSC.
- _____ 3.) Student has been advised that they must obtain a State of Florida EMT license by the end of fall term and submit proof .
- _____ 4.) Student can provide proof of completion of a State of Florida approved EMT training program.
- _____ 5.) Student can provide proof of CPR certification.
- _____ 6.) Advisor has emailed a scanned copy of this signed referral form (pdf format) to the student's *personal* email address and has advised the student that they must attach this form in the application process to apply to program.
- _____ 7.) Student has been advised to go to the Paramedic webpage and apply to the _____
the Paramedic program online.

Advisor/Counselor Signature: _____

Date Advised: _____