

Northwest Florida State College Public Safety

Emergency Medical Technician (EMT)

Application Checklist

A complete application packet consists of the following documents, fill out entirely and containing all required signature. Please do not leave any blank space. Write "N/A" if something does not apply to you.

- Applied to the college
- Submitted all official transcripts
- Applied for Financial Aid if applicable
- Must be at least 18 years old
- Created an account with CastleBranch and uploaded all required documents
- Copy of Driver's License
- Copy of current CPR certification
- Completed Emergency Medical Technician (EMT) packet (attached)

Return your completed application packet to:

Northwest Florida State College
Public Safety Department
100 College Blvd
Building 510, Public Safety, Room 200
Niceville, Florida 32578
(850) 729-5378



Northwest Florida State College Public Safety

Emergency Medical Technician (EMT)

The Emergency Medical Technician program is 12 credit hours long and is conducted over one (1) semester. Applicants to this program must be at least 18 years old, have a high school diploma or GED and meet other applicable admission criteria. Please apply early, as acceptance is based on a first completed, first seated standard.

HOW TO APPLY

To help you succeed in gaining acceptance to the EMT Program at Northwest Florida State College, you must complete the following steps:

1. **ADMISSIONS:** All EMT applicants must complete the NWFSC application process. Click in the link below to apply.

[Apply Now](#)

Under the Planned Course of Study, make sure to choose the correct program of interest under the Public Safety heading: "CC-Emergency Medical Technician"

All applicants are subject to admission requirements as outlined in the NWFSC catalog.

2. Applicants must use an online CastleBranch document management service to upload and submit all pertinent immunization, health screening/physical exam forms, medical/certification records, and drug testing results as well as agree to a background investigation. *Please refer to attachments for package codes and log-on information.*
 - Provide documentation of current immunizations:
 - TDaP (Tetanus/Diphtheria/Pertussis)
 - MMR—Measles (Rubeola), Mumps, Rubella
 - Varicella (chicken pox)
 - Hepatitis B
 - Tuberculosis
 - Flu shot (Fall/Spring classes)

No student may enter the EMT program with the results of a positive urine drug screen



3. **NWFSC EMT Application:** Fill out the application, including the EMT/Paramedic Functional Requirements forms. Please type or print legibly in black/blue ink. Please do not leave any blank spaces. Write "N/A" if something does not apply to you, attach a copy of your driver's license, and copy of your current AHA BLS CPR card to the application packet.
- You may go to <https://elearning.heart.org/course/21> HeartCode BLS, purchase the course, complete the online portion and attach the certificate to the application package.

***Incomplete applications will not be accepted and shall not be processed.
Seats will be assigned on a first come, first serve basis.***

Return your complete application packet to the Public Safety Department, 100 College Boulevard, Building 510 (Formerly F), Room 200, Niceville, FL 32578, (850) 729-5378

ACCEPTANCE PROCESS

After you have submitted your complete application packet, you will receive notification of acceptance via email. Acceptance letters are scheduled to go out approximately four weeks prior to the start of class.

- Reply to the email within five (5) business days to confirm your seat in the class and RSVP for the mandatory orientation.
- Attend orientation. Dates to be announced.
- After orientation you will be registered for your classes, you must check RaiderNet for payment due dates and to confirm your schedule.
- Purchase uniforms and books from the NWFSC bookstore. You will be able to do this after you have been notified of acceptance. Please do not attempt to do so beforehand as they will not sell you these items until we send the bookstore a list of those who have been admitted to the Academy.**
- You can obtain your RaiderCard (Student ID) once you register and pay for your classes. Visit the Student Activities Center, ID Card Office, Building 410.
- Parking permits are available online and at all NWF State College location. Visit the [Campus Parking](#) for more information acquiring a parking permit.

OTHER IMPORTANT INFORMATION

Financial Aid

If you are using financial aid, tuition assistance or VA funding, please be sure you have completed all requirements with the Financial Aid and/or VA offices. Financial Aid generally takes 4-6 weeks to process, so do not delay in applying! Military Tuition Assistance (TA) processing must occur 7 days prior to the start of term. Payment plans are available through NelNet. For more information about Financial Aid or Veteran Services go to:

[Financial Aid](#)
[Veteran Services](#)

[Military Tuition Assistance](#)
[Scholarships](#)



RaiderNet and College Email

Ensure you are checking your RaiderNet account and assigned NWFSC email regularly. You should ensure you have no holds that could hinder registration should you be accepted into the Academy. The college email address is the official means of communication for all NWFSC students. If you need assistance with access to the account, contact the IT Help Desk @ 729-5396 or support@nwfsc.edu.



Northwest Florida State College
Public Safety

Emergency Medical Technician (EMT)

Background Investigation and Drug Screening

I understand that a mandatory component of the EMT/Paramedic program at Northwest Florida State College is the requirement for clinical experience.

In accordance with clinical affiliation agreements, I have been informed that clinical agencies require students have background screenings which are performed by Certified Backgrounds.

I acknowledge that the clinical agency will determine my eligibility to participate at their facility following review of any specific criminal charges, other positive background searches and/or positive drug results that would disqualify me from attending the clinical experience, and that Northwest Florida State College is not involved in, and has no control over, that determination. I understand that if I am disqualified from clinical experience as a result of the criminal background, drug or other screening, I would be ineligible to continue the EMT or Paramedic program at Northwest Florida State College. I also acknowledge that failure to sign this form will prevent participation in the clinical component of my program thus preventing me from continuing in the program or other Northwest Florida State College. I understand it is my responsibility to report any criminal charges or positive drug results which occur during the program immediately to the program director. Clinical sites will review updated information and determine if student can still access each clinical site. Failure to report any incident will be considered grounds for removal from EMT/Paramedic program.

By signing below, I hereby authorize Northwest Florida State College to request and receive the results of any or all of the background, drug and other screenings listed above on me and to release the information of these results to the clinical agencies.

Printed Name: _____

SSN: _____

Student Signature: _____

Date: _____



Northwest Florida State College
Public Safety

Emergency Medical Technician (EMT)

Health Requirements Policy

I understand that a mandatory component of the EMT/Paramedic program at Northwest Florida State College is the requirement for clinical experience.

In accordance with clinical affiliation agreements, I have been informed that clinical agencies require students have both a physical examination and immunization screening to perform clinical duties. It is imperative that students do not expose patients or agency personnel to a communicable disease or risk their safety due to the inability to handle the physical or psychological stress of patient care.

HEALTH REQUIREMENTS POLICY

Students enrolled in the EMT and Paramedic programs are required to have a physical examination at the student's expense. The physical examination protects the student by identifying any potential or real health problems that may be exacerbated by the demands of the clinical portion of the program. EMS clinicals are strenuous, both physically and psychologically. The student's capabilities to handle these demands are assessed utilizing the key functions which are essential for EMS providers, adopted from the U.S. Department of Transportation Functional Job Analysis. During the program students must notify the program director if there are any changes to mental or physical health. The student may be required to accomplish an additional medical clearance and approval from the clinical sites as determined by the EMS program medical director. Failure to report changes can put yourself and patients at unnecessary risks resulting personal liability. Your actions would result in removal from the program.

By signing below, I acknowledge receipt of this policy.

Printed Name: _____
Student Signature: _____

SSN: _____
Date: _____



Northwest Florida State College
Public Safety

**Emergency Medical Services Training Programs
EMT/Paramedic Functional Requirements**

I am aware of the functional requirements and have no limitations which would prevent full participation in Emergency Medical Services Training at Northwest Florida State College.

APPLICANT PRINTED NAME: _____

DATE: _____

APPLICANT SIGNATURE: _____

Functions which are essential for EMS students, as adopted from the U.S. Department of Transportation Functional Job Analysis, are listed below. Health care providers please verify the following items by initialing.

FUNCTIONAL REQUIREMENTS	YES provider initials	NO provider initials
Communicate both verbally and in written format. Ability to talk, hear, smell, and see including normal fields of vision, depth perception, and color vision are required to assess patients and to protect patients from hazard.		
Lift and balance up to 125 pounds (up to 250 pounds with assistance) in setting that may be outdoors in hot, wet, and slippery environments.		
Function efficiently through an entire work period (up to 24 hours) .Physical stamina; endurance and body condition that would be adversely affected by frequently having to walk and stand, lift, carry.		
Perform all tasks with good manual dexterity . Finger dexterity, vision, and hand movements sufficient to tie a knot, bandage, give injections, pick up small objects, and write with a pen.		
Bend, stoop, and crawl on uneven terrain. Normal gait and motor coordination is necessary because over uneven terrain, patients, students, and other worker's wellbeing must not be jeopardized. Mobility also includes the ability to knell, crouch, crawl, and reach to perform proper patient care.		
Work in low light, confined spaces and under other adverse conditions.		
Withstand varied environmental conditions , i.e. extreme noise, heat and cold. Ability to focus on the best care possible in often adverse and dangerous situations. There may be exposure to a variety of noise levels, which at times can be quite high, particularly, when multiple sirens are sounding, and crowds/bystanders/families may be upset, crying hysterically, and making demands that may or may not be reasonable.		

Signature of MD, DO, PA, or Nurse Practitioner

Date



Northwest Florida State College
Public Safety

Health Screening/Physical Exam and Immunization Forms

UPLOAD COMPLETED FORMS TO CASTLEBRANCH ACCOUNT

Name of Student:

Last First Middle Maiden

Present Address:

Number Street City State/Zipcode County

Cell Phone Home Phone Email Address

Name of Person to be notified in emergency: _____

Address

Telephone Relationship

**THE NEXT TWO SECTIONS (I AND II) SHOULD BE COMPLETED BY THE STUDENT
AND REVIEWED BY MD, DO , PA, OR NURSE PRACTITIONER**

I. MEDICAL HISTORY

Please list conditions/diseases which you have had or have now. Include explanation and year(s) beside each one. If any do not apply, please indicate by writing "N/A" in each block of the description.

CONDITION/DISEASE	DESCRIPTION	DATE
Skin (dermatitis, psoriasis, cancer, etc.)		
Head and neck (goiter, etc.)		
Eyes (cataracts, glaucoma, etc.)		
Ears (otitis, etc.)		
Nose and sinuses (sinusitis, etc.)		
Mouth and throat (tonsillitis, etc.)		
Respiratory System (allergies/asthma, pneumonia, bronchitis, etc.)		



I. MEDICAL HISTORY (cont'd)

CONDITION/DISEASE	DESCRIPTION	DATE
Cardiovascular system (heart disease, hypertension, etc.)		
Blood disorder (leukemia, anemia, etc.)		
Immunologic (lupus, etc.)		
Gastrointestinal (ulcers, colitis, hepatitis, etc.)		
Genitourinary (Kidney or bladder problems, menstrual disorders, sexually transmitted diseases, etc.)		
Musculoskeletal (back or leg problems, arthritis, bone/joint problems, hernia, etc.)		
Neurological (epilepsy, seizures, multiple sclerosis, etc.)		
Endocrine (diabetes, thyroid, etc.)		
Mental Disorders (anxiety, depression, psychosis, suicide attempt, etc.)		
Substance abuse or dependence (alcohol or other drugs, etc.)		
Describe nature of above illnesses, hospitalizations and treatment including surgery		
Describe any injuries:		
Describe any disabilities or deformities (include vision and hearing)		
Other:		

II. PRE-PLACEMENT LATEX SENSITIVITY QUESTIONNAIRE

	NO	YES	IF YES, PLEASE EXPLAIN
1. Do you have any allergies (medications or food)?			
2. Have you ever suffered from the following?			
• Allergic Rhinitis (runny nose)			
• Allergic Conjunctivitis (red watery eyes)			
• Asthma			
• Difficulty breathing (wheezing)			
• Eczema			
• Hay Fever or seasonal allergies			
• Hives			
• Sinus Problems			
3. Do you take any allergy medications, including inhalers?			



II. PRE-PLACEMENT LATEX SENSITIVITY QUESTIONNAIRE (cont'd)

	NO	YES	IF YES, PLEASE EXPLAIN
4. Have you ever had any skin rashes or breathing problems after handling or being exposed to the following?			
• Gloves (latex/vinyl)			
• Band-Aids			
• Balloons, condoms, or other rubber products			
• Bananas, Kiwis, Papaya, Chestnuts, Avocados, Passion Fruit			
• Potato, Tomato, Peaches or other Tropical Fruits			
• Dental, Surgical or Gynecology Visits			

III. LATEX RISK CATEGORY

Provider: Please indicate risk category and include comments, if applicable.

Latex Risk Category (circle one)	LOW	MED	HIGH
Comments:			



**THE FOLLOWING SECTIONS (IV, V, AND VI) MUST BE FILLED OUT
BY MD, DO, PA, OR NURSE PRACTITIONER**

V. PHYSICAL EXAMINATION

Each item on this form must be completed in order to meet contractual guidelines of affiliating agencies and the NWFSC EMS TECHNOLOGY PROGRAMS. If you do not provide diagnostic services for any of the requested data, please refer the student to the appropriate agency.

Name of Patient		
General State of Health		
Vital Signs	Temp	Pulse
	Resp	BP
Nutritional Status		
Mental Status		
Skin (color, turgor, scars, hair, nails)		
Head (address neurologic status)		
Eyes, Ears, Nose, Throat (describe vision/hearing/teeth)		
Lungs		
Heart (rhythm, murmur, rub)		
Breasts/axillae		
Abdomen		
Musculoskeletal		
Genitourinary (include menstrual history, bowel/bladder problems)		

I am aware of the physical requirements listed on this form and have no physical limitations which would prevent my full participation in the Emergency Medical Services (EMS) Training Program at Northwest Florida State College. I attest that all physical and medical history provided by me on this form is true and factual. I understand that any false information provided by me is grounds for dismissal from the program.

Printed Name: _____

Student Signature: _____

Date: _____



VI. IMMUNIZATIONS

Please indicate communicable disease patient has had, vaccines received, or titers and results. Include dates for each. **Proof of titer results must be attached to this form.**

	VACCINE DATE	TITER DATE/RESULT
MMR (Measles, Mumps, Rubella)		
Tdap or DPT (Diphtheria, Pertussis, Tetanus)		
Varicella (Chicken Pox) Note: Paramedic students must have a second Varicella shot by Sept. 15 and must submit separate result document/receipt		

THESE IMMUNIZATIONS MUST BE DOCUMENTED IN THE SPACE ABOVE. IF NOT, PATIENT WILL NEED VACCINATIONS OR TITERS

ALL EMS PROGRAM STUDENTS MUST SUBMIT PROOF OF A NEGATIVE TB RESULT

PPD/Tuberculin Test Result:	Date of first test: (must be within 6 months of class start date) Negative Positive (Circle one)	Note: Paramedic students must have a second PPD test within 3 weeks of the first test and must submit separate results
If positive: Chest X-ray	Date:	Date of second test:
Or Hemoglobin/Hematocrit	Date:	Results:

NOTE: IF ELEVATED TEMPERATURE ABOVE 99 DEGREES F, OBTAIN WBC COUNT

HEPATITIS B VACCINE: All students must have the vaccine series or document evidence of immunity to Hepatitis B titer or a series of 3 immunizations. **The 1st injection must be done prior to the start of the 1st semester of class.**

1. Titer: Date _____ Results _____ (Please attach proof of titer results to this document.)

OR

2. Date of immunization and initials of administering personnel:

1 st Injection	Date	Initials and Title
2 nd Injection	Date	Initials and Title
3 rd Injection	Date	Initials and Title

FLU VACCINE (nasal or injection): All students must have the flu vaccine.

Date of vaccine: _____ (Please attach receipt or official shot record to this document.)



PROVIDER: I have verified this student's immunization records, reviewed the medical history and performed a physical examination based on the program requirements listed on this document. I attest the information included in this form is accurate to the best of my ability to determine.

Signature of MD, DO, PA, or Nurse Practitioner

Date

Provider's Printed Name _____

Address _____

Physician's License Number and State of Licensure _____

Physician's comments:



Order Instructions for **Northwest Florida State College - EMS**

1. Go to <https://mycb.castlebranch.com/>
2. In the upper right hand corner, enter the Package Code that is below.

Package Code **NL66**: Background Check - Drug Test

About

About CastleBranch

Northwest Florida 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.

You will return to your account by logging into castlebranch.com and entering your username (email used during order placement) and your secure password.

Order Summary

Payment Information

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.

Accessing Your Account

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us

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



Order Instructions for Northwest Florida State College - EMS

1. Go to <https://mycb.castlebranch.com/>
2. In the upper right hand corner, enter the Package Code that is below.

Package Code **NL66emtim**: Medical Document Manager

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