

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 Sept 1st – October 31st** for the Spring Semester (January 2025 start)
- **Apply February 1st – March 10th** for the Summer Semester (May 2025 start)
- **Apply March 15th – May 30th** for the Fall Semester (August 2025 start)

Deadlines may be extended 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>. 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>, 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> and “Place Order” There is a \$39.99 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](#)**
2. **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.

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



4. American Heart Association, BLS Provider Certification

Please schedule your BLS Provider Certification by visiting <https://fsw.enrollware.com/calendar> or contact AHA@fsw.edu or (239) 985-8385

5. Print, complete, and upload the VECH Waiver Form

6. Complete the EMT Application online “Apply Now” - [EMT Application](#)

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](#) (high school transcript) and the Office of the Registrar (college transcripts).
- [Set up Student Portal](#)
- [Review Student Tips](#) to include information about Paying for College
- Complete Online [New Student Orientation](#) (if applicable)
- Complete [college placement test](#) (if applicable)
- Ensure all holds have been resolved within the [FSW Student Portal](#).

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](#)
- Upload all required documents to Castle Branch
- Complete Online [EMT Application](#)

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 emailed to Michael.Knoop@fsw.edu
- Register for classes
- Secure payment before the [deadline](#)
- Schedule & Attend Uniform Fitting
- Schedule & Attend EMT Orientation

EMS Program Health Report

Health Forms must be **completed and signed by a healthcare provider** and submitted by **you to CastleBranch**. **NO** student will be permitted into any clinical or internship site without this completed health report on file. *Incomplete forms/missing documentation will cause delay or denial of your application. Health Reports are valid for one year.

NAME: _____ Banner ID: @_____

ADDRESS _____

CITY: _____ STATE: ___ ZIP: _____ Phone: _____

EMERGENCY CONTACT: _____ Phone: _____

The following are from the A.D.A.'s physical, mental, and emotional performance requirements for an entry level EMT/Paramedic. The EMS Program at Florida SouthWestern State College has accepted the following, as requirements for all students entering the program. EMS Students must meet the following requirements:

PHYSICAL REQUIREMENTS

<p>I have the Ability to:</p> <p>_____ perform repetitive tasks.</p> <p>_____ walk the equivalent of five miles per day.</p> <p>_____ reach above shoulder level.</p> <p>_____ hear tape recorded transcripts.</p> <p>_____ distinguish colors.</p> <p>_____ adapt to shift work.</p> <p>_____ perform with a high degree of manual dexterity.</p> <p>_____ work with chemicals and detergents.</p> <p>_____ tolerate exposure to dust and/or fumes.</p>	<p>_____ Ability to grip.</p> <p>_____ High degree of physical flexibility.</p> <p>_____ Ability to bend both knees.</p> <p>_____ Ability to sit for long periods of time.</p> <p>_____ Ability to climb stairs or ladder.</p> <p>_____ Ability to stand for long periods.</p> <p>_____ Ability to lift 25 pounds.</p> <p>_____ Ability to squat.</p> <p>_____ Ability to perform CPR.</p> <p>Health Care Provider: To the best of my ability from my examination and history taking on this EMS student concur that the student can perform all the listed physical requirements.</p>
Student Initials:	Healthcare Provider Initials:

MENTAL AND EMOTIONAL REQUIREMENTS

<p>I have the Ability to:</p> <p>_____ cope with a high level of stress.</p> <p>_____ make fast decisions under high pressure.</p> <p>_____ cope with the anger/fear/hostility of others in a calm manner.</p> <p>_____ manage altercations.</p> <p>_____ concentrate.</p> <p>_____ demonstrate a high degree of mental flexibility.</p> <p>_____ cope in an acceptable manner with confrontation.</p> <p>_____ handle multiple priorities in a stressful situation.</p>	<p>_____ Ability to assist with problem resolution.</p> <p>_____ Ability to work alone.</p> <p>_____ Ability to demonstrate a high degree of patience.</p> <p>_____ Ability to adapt to shift work.</p> <p>_____ Ability to work in areas that are close and crowded.</p> <p>Health Care Provider: To the best of my ability from my examination and history taking on this EMS student concur that the student can perform all the listed physical requirements.</p>
Student Initials:	Healthcare Provider Initials:

EMS Required Immunizations (completed by Healthcare Provider) and submitted by you to CastleBranch.

Immunization Reporting. Titers for MMR, Varicella, or Hep B may be submitted INSTEAD of immunization dates.

Immunization	Date(s) administered	Laboratory Results / Reports	Refusal (signature required)
Tetanus-Pertussis (TDaP) (within 10 years)		N/A	N/A
MMR (Measles, Mumps, Rubella)	#1 _____ #2 _____	Date _____ _____ Positive _____ Negative (submit all three titers)	N/A
Varicella (Chickenpox)	#1 _____ #2 _____	Date _____ _____ Positive _____ Negative (submit titer)	N/A
Hepatitis B	#1 _____ #2 _____ #3 _____	Date _____ _____ Positive _____ Negative Hep B surface antibody (anti-HBs) (submit titer)	Students who elect not to receive the Hepatitis B Vaccine will need to sign the waiver below
Tuberculosis Test (TB/PPD/TST)	Date Read _____	_____ Positive _____ Negative *if positive, x-ray must be done ***MUST BE DONE ANUALLY***	N/A
Flu Vaccine		***MUST BE DONE ANNUALLY EVERY FALL AFTER SEPT 1ST***	N/A

WAIVER STATEMENT:

As a student, performing in clinical facilities, I understand that I may be exposed to environmental hazards and infectious diseases including, but not limited to tuberculosis, hepatitis B, and HIV (AIDS). Florida SouthWestern State College recommends that all Health Program students obtain the Hepatitis B vaccine. Proof of vaccination from hepatitis B may be required before certain clinical rotations. I have been informed and understand the inherent risks related to exposure to environment hazards and infectious diseases through contact with body fluids and airborne micro-organisms, including hepatitis B while involved in clinical rotations. I also understand that the hepatitis B vaccine is highly recommended. I understand that if I elect not to have the Hepatitis B vaccine, I agree to hold harmless all persons or entities connected with Florida SouthWestern State College, clinical affiliations, and the EMS Program.

Student Signature: _____ Date: _____

MEDICATIONS/ALLERGIES- Please list any medications that the student is currently taking and any allergies the student may have: _____

This is to certify that I have examined _____ on _____ and have found her/him to be in good physical, mental and emotional health, as described in the stated requirements, and free from communicable disease including TB.

EXCEPTIONS - Please note below any physical, mental and emotional abnormalities, defects, or diseases which might in any way interfere with the student's attendance and progress in the EMS program:

SIGNED _____ DATE _____
(Signature of M.D., D.O., A.R.N.P., P.A.)
ADDRESS _____

TO THE STUDENT:

I, _____, give Florida SouthWestern State College permission to share part or all of the information on this health evaluation with the clinical/internship agency(ies) or instructors to which I will be assigned.

Signed: _____ Date: _____
Signature of Student

FSW Corporate Training and Simulation



American
Heart
Association.

AUTHORIZED
TRAINING
C E N T E R

Welcome new and returning FSW School of Health Professions students

**BLS is required for new incoming SoHP students.
Programs may require ACLS or Heart Saver. Please ask the Director of your
program if you need clarification or have questions.**

**For your convenience, these classes are discounted and offered at FSW
FSW Lee Campus, 8099 College Parkway, Room A-215, Fort Myers, FL 33919**

1. Schedule a class

Scan the QR code to register
Pick your class day and time
Pay for course

2. Prepare for class

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

3. Attend class

Come to the Lee Campus on the registered date and time
Park in Lot #1
Enter the A building and proceed upstairs
Go to room A-215

4. Bring the below items to class

Photo ID (drivers license or FSW student ID)
Payment receipt
Copy of your pre-course assessment reflecting a score of 80% or better
Existing AHA card (only if you are renewing AHA)



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

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239 985-8385 x11885

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