Emergency Medical Technician (EMT)

Application Guide

This document is intended to be informational. The college reserves the right to change, modify, 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 September 1st – October 31st, 2026,** for the Spring Semester (January 2027 start)
- **Apply February 1st – March 15th, 2027,** for the Summer Semester (May 2027 start)
- **Apply March 16th – May 30th, 2027,** for the Fall Semester (August 2027 start)

Deadlines may be extended or shortened to meet the capacity of class offerings.

To apply for the EMT Program at FSW College, students need to complete the admission process. This can be done by visiting the website: https://www.fsw.edu/admissions. Applicants must be in good academic standing, and those with previous college credits should have a cumulative GPA of 2.0 or higher. Demonstrating readiness for college level communication is a core prerequisite for acceptance into the Emergency Medical Technician (EMT) Program. Additionally, applicants must be at least 18 years old within one month of completing the program and must possess a high school diploma or equivalent.

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 Complio before completing the EMT Application.

The EMT Application can be found online and a $25 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 completed.*

Step One: Create Your Complio Account

- Visit FSW's Complio site and click "NEW USERS Create an Account"
- Use the Complio Creating an Account video for instructions. The detailed Complio instructions are available online.
- After clicking "Load Packages", select New Student Bundle which includes Immunizations Compliance Package (Clinical Requirements), Background Package, 10 Panel Drug Screen and VECHS Fingerprinting.

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 Complio.



1. **Physical Examination – Print 2-page Health Report below**
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 a 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 sites may require students to submit proof of completion of the COVID-19 vaccine series.

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

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 Complio, you will then be emailed with additional information to include:

- Confirmation of Seat Placement.
- Change of Major Form – you will complete this form from your FSW email account.
- Welcome Email – Contains: scheduling your uniform fitting, orientation, required textbooks, and lab supplies. *This will be emailed 6-8 weeks before classes begin.*

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
- ☐ Request official high school or GED transcripts, and all official college transcripts to be sent to the Office of Admissions (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 Complio Instructions and Health Form Requirements
- ☐ Create Complio Account
- ☐ Schedule an appointment with a physician
- ☐ Schedule CPR course
- ☐ Upload all required documents to Complio
- ☐ Complete the fingerprinting, background and drug screening process
- ☐ 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.

- ☐ Verify there are no holds on your account that may prevent registration.
- ☐ Change of Major Form to be completed and submitted.
- ☐ 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 Complio**. The student not 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:_____ ZIP code:_____

Banner ID (@ number): _____ Phone number: _____

Address: _____ Emergency contact name: _____

City: _____ Emergency contact phone number: _____

State: _____

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

Student: Indicate your ability to perform each of the following requirements.

- ☐ Perform repetitive tasks
- ☐ Walk the equivalent of five miles per day
- ☐ Reach above shoulder level
- ☐ Hear tape-recorded transcripts
- ☐ Distinguish colors
- ☐ Adapt to shift work
- ☐ Perform tasks with a high degree of manual dexterity
- ☐ Work with chemicals and detergents
- ☐ Tolerate exposure to dust and/or fumes
- ☐ Ability to grip
- ☐ High degree of physical flexibility
- ☐ Ability to bend both knees
- ☐ Ability to sit for long periods of time
- ☐ Ability to climb stairs or a ladder
- ☐ Ability to stand for long periods
- ☐ Ability to lift 25 pounds
- ☐ Ability to squat
- ☐ Ability to perform CPR

Healthcare provider attestation (physical requirements): To the best of my ability, based on examination and history taking, I concur that this EMS student can perform all the listed physical requirements.

Student initials: _____ **Healthcare provider initials:**_____

Mental and emotional requirements

Student: Indicate your ability to perform each of the following requirements.

- ☐ Cope with a high level of stress
- ☐ Make fast decisions under high pressure
- ☐ Cope with the anger/fear/hostility of others in a calm manner
- ☐ Manage altercations
- ☐ Concentrate
- ☐ Demonstrate a high degree of mental flexibility
- ☐ Cope in an acceptable manner with confrontation
- ☐ Handle multiple priorities in a stressful situation
- ☐ Ability to assist with problem resolution
- ☐ Ability to work alone
- ☐ Ability to demonstrate a high degree of patience
- ☐ Ability to adapt to shift work
- ☐ Ability to work in close and crowded areas

Healthcare provider attestation (mental and emotional requirements): To the best of my ability, based on examination and history taking, I concur that this EMS student can perform all the listed mental and emotional requirements.

Student initials: _____ **Healthcare provider initials:**_____

EMS required immunizations

To be **completed by a healthcare provider** and **submitted by the student to Complio**.

Titers for MMR, Varicella, or Hepatitis B may be submitted **instead** of vaccination dates.

Immunization or test	Date Administered	Laboratory Results/Reports	Refusal (signature required)
Tetanus–Pertussis (Tdap), within 10 years		N/A	N/A
MMR (measles, mumps, rubella)	Dose 1: _____ Dose 2: _____	Date: _____ Positive: _____ Negative: _____ **(submit all three titers)**	N/A
Varicella (chickenpox)	Dose 1: _____ Dose 2: _____	Date: _____ Positive: _____ Negative: _____ **(submit titer)**	N/A
Hepatitis B	Dose 1: _____ Dose 2: _____ Dose 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 (TB/PPD/TST)	Date Read:	Positive: _____ Negative*:_____ *If positive, x-ray must be done. **Annual Requirement**	N/A
Flu Vaccine		****Annual Requirement Every Fall After September 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 environmental 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:

_____

Healthcare provider certification: This is to certify that I have examined _____ on _____ and have found the student 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:

_____

Healthcare signature (M.D., D.O., A.R.N.P., or P.A.): _____ **Date signed:** _____

Healthcare provider address: _____

Student authorization to share information

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..

Student signature: _____ **Date:** _____