

**CHIPOLA COLLEGE**  
**Emergency Medical Technician Application**

# **Chipola College**

# **EMT Program**

**EMS0110V**

**Tina Maloy**  
**EMS Program Manager**  
**(850)718-2403**  
**maloyt@chipola.edu**

**Completed FALL applications are to be turned in to Ms. Maloy by 11 am on the 1<sup>st</sup> business day of August.**  
**Completed SPRING applications are to be turned in to Ms. Maloy by 11 am on the 1<sup>st</sup> business day of December.**

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### WELCOME

**The goal of the EMS Department is "to prepare EMT's who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."**

The Emergency Medical Technician program is a limited enrollment, competency-based program. The program prepares students in the cognitive, psychomotor, and affective learning domains to become certified and licensed as a competent entry-level EMT. The curriculum encompasses theoretical and simulated learning, clinical, and internship experiences following the National Education Standards and is inclusive of the Florida Department of Education Curriculum Framework. EMS students will adhere to standards as listed in the Chipola College Handbook and the Chipola College Emergency Medical Services Handbook that complies with the Department of Health-Bureau of EMS.

This course is minimum 300 clock-hours in length. This course involves challenging college-level coursework, critical psychomotor clinical skills, and development of relationships with peers and patients. The student will participate in the decision-making process of patient care. Clinical and internship assignments are required in addition to regular class and lab hours. Students will complete 24 hours of emergency room clinicals and 96 hours of field internship with a local EMS agency.

Successful completion of the program meets the certification requirements for the State of Florida and eligibility for National Registry of Emergency Medical Technicians (NREMT) certification examination.

**Chipola accepts applications through the last day of registration. College and program applications that are submitted early enhance the opportunity for enrollment into the program.**

### EMT PROGRAM CRITERIA:

**To be considered for entry into the EMT program, applicants must be eligible for admission into the College submit a complete EMT Program Application. Criteria:**

### GENERAL ADMISSION

#### **Step 1: Apply for admission to the college**

Complete the Chipola College application and all requirements (online at [www.chipola.edu](http://www.chipola.edu)) declaring a major code of EMT (Emergency Medical Technician). Allow 2 - 3 weeks for processing. You are encouraged to apply 6-8 weeks prior to the semester and no later than the application deadline listed in the college calendar to improve your registration opportunities in desired classes and increase your financial aid opportunities. If you are a returning student, who has not been enrolled at Chipola College for one calendar year or more, you will need to re-apply for admission.

#### **2: Submit a residency declaration**

All applicants must complete and submit a Residency Declaration. The Residency Declaration is available online at <https://my.chipola.edu/ICS/Admissions/> or in the Admissions and Records Office. Please note two documents are required to establish residency. Failure to submit could delay admission into the college and financial aid. Your residency status will be Non-Resident for Tuition

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Purposes and you will be charged out-of-state tuition until the Residency Declaration is received and verified by Admissions and Records. Allow 2–3 weeks for processing.

### Step 3: Request official transcripts

Request official transcripts be sent directly from ALL schools, including high school, and colleges attended. Official transcripts may be mailed to Chipola College, Admissions and Records, 3094 Indian Circle, Marianna, FL 32446 or sent electronically from the following secure sites: F.A.S.T.E.R./Speedy-Institution Code 001472; National Clearinghouse; Parchment; eScript-Safe; and Scrip-safe to admissions@chipola.edu. Final acceptance to the college and/or a specific program is contingent on receipt of ALL transcripts.

### Step 4: Apply for free federal and state student aid and scholarships

The primary purpose of the student financial aid programs at Chipola College is to provide financial assistance to academically qualified students and parents to further their education. Students applying for financial aid should complete the appropriate application and forms as soon as the decision is made to attend college. Submitting applications at least 6-8 weeks prior to the semester will increase your financial aid opportunities. Corrections and timeliness directly affect the amount and types of financial assistance you receive.

### Step 5: Acceptance to Chipola

Acceptance to the college and/or a specific program is contingent upon receipt of ALL required documents and transcripts. Once you are accepted for admission you will receive an email with your my.chipola.edu student account information. Sign into your student account immediately. This will be the primary method for official college correspondence. Check your Chipola email on a regular basis for your admission letter, registration appointment, deadlines, news and events.

## PROGRAM PRE-ADMISSION

- Applicants must submit a completed History and Physical examination completed by a licensed Doctor of Medicine (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner(ARNP), or Physician's Assistant (PA).
- Applicants must submit proof of current 2 step TB/PPD or T-Spot TB test
- Applicants must submit immunization record as proof of the following required immunizations:
  - TDaP (Diphtheria, Tetanus and Pertussis) within last 10 years
  - Hepatitis B Series or positive titer for immunity showing result numbers, or declination waiver form
  - Varicella immunization x2 or positive titer for immunity showing IGg result numbers
  - MMR immunization x2 or positive titer for immunity showing IGg result numbers
  - Flu Vaccination or Religious/Medical Exemption (Current year)
  - Covid19 Immunization or Religious/Medical Exemption
- Applicants must submit a completed AND notarized Emergency Medical Release statement.
- Applicants must submit a copy of their current CPR card. The only course that can be accepted for this requirement is the BLS for Healthcare Providers course. This course is provided by the American Heart Association, American Red Cross, or American Safety & Health Institute (ASHI). *Cards labeled CPR and AED for Adults, Children and Infants or First*

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*Aid cannot be accepted.* After you receive your CPR card, a copy should be attached to the application or provided to the Program Director. If it is a physical card, it must be signed, otherwise it will be rejected. It can take several weeks to receive your card, so make sure you take the class now. You will be responsible for keeping your CPR up-to-date while you are in school. Each time you take a CPR class and receive a new card, you will need to provide a copy of the new card to the Program Director. Please contact Ms. Maloy if you need assistance in finding a accepted class.

- Your driver's license and student ID must be provided. You can receive your student ID from the Student Services office **after** you have been registered for classes and paid the associated fees.
- Applicants must submit a completed "Applicant's Acknowledge" form with signature attesting to their understanding and agreement with the provisions detailed on the form.
- Certify, under oath, that you are not addicted to alcohol or any controlled substance. Students are subject to drug screening at any time during the program.

### Important!

**Completed health forms with all immunization documentation and physical exam will be reviewed and approved prior to entering the program.**

### PROGRAM POST-ACCEPTANCE

- Applicants accepted into the program will be required to submit a ten (10) panel urine controlled substances screening and alcohol screening. Students are also subject to random testing throughout enrollment in their respected program
- Accepted applicants will be required to submit a finger printing and Federal Bureau of Investigation (FBI) multi-scope background check. Students may be requested to submit official court documents to supplement the background check.
- All required screening and background check expenses will be the students' responsibility.
- Accepted applicants will be required to provide a copy showing proof of current health insurance (prior to clinical/internship rotations).
- You must have health insurance in order to attend clinical, therefore it is a requirement for admission to the EMT program. Please provide both the front and back of the insurance card. If you are covered under someone else's insurance (spouse, parent, guardian), you must include a copy of proof of coverage from your insurance company.

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### **\*JOB DESCRIPTION:**

#### **Emergency Medical Technician - Basic**

#### **Career Requirements:**

Responds to emergency calls to provide efficient and immediate care to the critically ill and injured, and transports the patient to a medical facility.

After receiving the call from the dispatcher, drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions. Observes traffic ordinances and regulations concerning emergency vehicle operation.

Upon arrival at the scene of crash or illness, parks the ambulance in a safe location to avoid additional injury. Prior to initiating patient care, the EMT-Basic will also "size-up" the scene to determine that the scene is safe, the mechanism of injury or nature of illness, total number of patients and to request additional help if necessary. In the absence of law enforcement, creates a safe traffic environment, such as the placement of road flares, removal of debris, and re-direction of traffic for the protection of the injured and those assisting in the care of injured patients.

Determines the nature and extent of illness or injury and establishes priority for required emergency care. Based on assessment findings, renders emergency medical care to adult, infant and child, medical and trauma patients. Duties include but are not limited to, opening and maintaining an airway, ventilating patients, and cardiopulmonary resuscitation, including use of automated external defibrillators. Provide prehospital emergency medical care of simple and multiple system trauma such as controlling hemorrhage, treatment of shock (hypoperfusion), bandaging wounds, and immobilization of painful, swollen, deformed extremities. Medical patients include: Assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies, and suspected poisonings. Searches for medical identification emblem as a clue in providing emergency care. Additional care is provided based upon assessment of the patient and obtaining historical information. These interventions include assisting patients with prescribed medications, including sublingual nitroglycerin, epinephrine auto-injectors and hand-held aerosol inhalers. The EMT-Basic will also be responsible for administration of oxygen, oral glucose and activated charcoal.

Reassures patients and bystanders by working in a confident, efficient manner. Avoids mishandling and undue haste while working expeditiously to accomplish the task.

Where a patient must be extricated from entrapment, assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for safely removing the patient. If needed, radios the dispatcher for additional help or special rescue and/or utility services. Provides simple rescue service if the ambulance has not been accompanied by a specialized unit. After extrication, provides additional care in triaging the injured in accordance with standard emergency procedures.

Complies with regulations on the handling of the deceased, notifies authorities, and arranges

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for protection of property and evidence at scene.

Lifts stretcher, placing in ambulance and seeing that the patient and stretcher are secured, continues emergency medical care.

From the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by medical direction. Reports directly to the emergency department or communications center the nature and extent of injuries, the number being transported, and the destination to assure prompt medical care on arrival. Identifies assessment findings which may require communications with medical direction for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

Constantly assesses patient en-route to emergency facility, administers additional care as indicated or directed by medical direction.

Assists in lifting and carrying the patient out of the ambulance and into the receiving facility.

Reports verbally and in writing their observation and emergency medical care of the patient at the emergency scene and in transit to the receiving facility staff for purposes of records and diagnostics. Upon request, provides assistance to the receiving facility staff.

After each call, restocks and replaces used linens, blankets and other supplies, cleans all equipment following appropriate disinfecting procedures, makes careful check of all equipment so that the ambulance is ready for the next run. Maintains ambulance in efficient operating condition. Ensures that the ambulance is clean and washed and kept in a neat orderly condition. In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.

Determines that vehicle is in proper mechanical condition by checking items required by service management. Maintains familiarity with specialized equipment used by the service.

Attends continuing education and refresher training programs as required by employers, medical direction, licensing or certifying agencies.

Meets qualifications within the functional job analysis.

\*United States Department of Transportation  
National Highway Traffic Safety Administration  
**EMT-Basic: National Standard Curriculum**

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### COURSE INFORMATION

Course Prefix: EMS 0110V 300 clock hours

#### Estimated Cost

Florida Resident Tuition: \$830.00. (Fees are subject to change.)

This program is not eligible for FAFSA.

#### Books: Contact Chipola Bookstore

#### Required Uniform:

- 2 - Official College polo
- 2 - Official College t-shirt
- 2 - Navy blue EMS pants
- Black belt
- Black socks
- Black boots
- ID Badge
- Stethoscope
- Pen Light
- Trauma Shears
- Watch with second hand
- Blue Pens

**Class Time:** Orientation—**TBA** (Mandatory)  
Classes begin **TBA**  
Monday – Wednesday  
5:00 p.m. – 10:00 p.m.  
(Some Thursday classes will be mandatory)

**Program Director:** Tina Maloy, BS, NRP  
Phone: (850) 718-2403  
Email: [maloyt@chipola.edu](mailto:maloyt@chipola.edu)

For a course syllabus, visit [www.chipola.edu](http://www.chipola.edu), Health Sciences Department  
Compliance with the above listed prerequisites does not guarantee entry into the EMT Program. Admission to the Program is competitive and will be based on the cumulative GPA. If college courses were taken, the college level GPA will be used in place of the high school GPA.

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This form must be signed and turned in with your completed application.

### General Admission Requirements

*It is the responsibility of the student to schedule all necessary appointments and ensure completion of these forms.*

\_\_\_\_\_ Application for admission to the college is completed.

\_\_\_\_\_ Residency declaration has been submitted to the Admissions Office.

\_\_\_\_\_ Official Transcripts have been requested to be sent to Admissions and Records from high school and all college.

\_\_\_\_\_ Applications for federal and state student aid and scholarships have been submitted (if applicable).

\_\_\_\_\_ TABE Test has been completed. (FireFighter/EMT Combined class only)

\_\_\_\_\_ Acceptance from Chipola College has been granted through the Admissions Office.

### PROGRAM PRE-ADMISSION

*It is the responsibility of the student to schedule all necessary appointments and ensure completion of these forms.*

\_\_\_\_\_ EMT Program Application “Student Information” sheet is completed.

\_\_\_\_\_ Signed and completed “Medical History”.

\_\_\_\_\_ Completed “Physical Exam”.

\_\_\_\_\_ Immunizations – all immunizations are current, any titers that have been drawn are included. **Titer results MUST have lab report and Immunization Records must be included in application.**

\_\_\_\_\_ Applicants must submit proof of current 2 step TB/PPD (2 individual TB tests completed within 1 – 3 weeks) or T-Spot TB test. **Proof of TB tests must be included.**

\_\_\_\_\_ Influenza Vaccine – all sections of this form have been filled out, Flu Vaccine is from current batch year (September to May). **NEW VACCINES WILL BE OUT IN SEPTEMBER. PAST YEAR’S IMMUNIZATION WILL NOT BE ACCEPTED!**

\_\_\_\_\_ “Medical Release” of information form is filled out, signed and notarized.

\_\_\_\_\_ “Applicant’s Acknowledgment” form is signed.

\_\_\_\_\_ “Hepatitis B Vaccine Waiver” form is signed (if applicable).

\_\_\_\_\_ CPR Certification – BLS for Healthcare Providers from AHA, ASHI or American Red Cross. Photocopy must be attached to application.

\_\_\_\_\_ Driver’s License – Photocopy of front and back of card is attached to application.

### PROGRAM POST-ADMISSION



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*Once accepted into the program, it is the responsibility of the student to ensure completion of these items.*

\_\_\_\_\_ Background check, alcohol screening, and urine drug screen were scheduled and completed before first day of class.

\_\_\_\_\_ Health Insurance – Photocopy of front and back of card is attached to application. If covered by parent or spouse, Proof of Eligibility from Insurance Provider has to be attached. Explanation of Benefits or Bills will not be accepted.

I understand that it is my responsibility to provide these documents as required and that they must be clear and legible. I understand that the deadlines listed above are non-negotiable and failure to provide the documents when required can and will result in potential rejection or removal from the program. I understand that if this occurs, I will be required to submit a new application and must wait until the program begins again in order to re-enter.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date

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**Student Information Sheet**

**Student Name** \_\_\_\_\_  
**Last**                      **First**                      **Middle**

**SSN** \_\_\_\_\_      **Date of Birth** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_      **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Employer Name (if applicable)** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Day Phone** \_\_\_\_\_      **Night Phone** \_\_\_\_\_

Have you been enrolled in an EMT program before?     No     Yes

If yes, where and when \_\_\_\_\_

List all programs of Assistance: \_\_\_\_\_

List any Medical Problems: \_\_\_\_\_

List any Medications you are Taking: \_\_\_\_\_

List Allergies: \_\_\_\_\_

Describe any limitations you feel would impair your ability to function in any capacity as an EMT.

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### Medical History

**INSTRUCTIONS:**

**APPLICANT** - Complete the following then have it reviewed and signed by a practicing, licensed physician or ARNP.  
**PHYSICIAN or ARNP:** Please review and sign.

-----  
 Patient's Name \_\_\_\_\_

Indicate current or past problems:

PROBLEM	CURRENT	PAST	NONE	PROBLEM	CURRENT	PAST	NONE
Allergies				Immunosuppression			
Anemia				Kidney Disease			
Arthritis				Loss of Extremity			
Asthma				Lung Disease			
Back problems				Migraines			
Blood Disorder				Nervousness			
Bronchitis				Pacemaker			
Cancer				Peripheral vasc.dis			
Chicken Pox				Prostate Disease			
Complicated Pregnancy				Prosthesis			
Depression				Scarlet Fever			
Diabetes				Seizures			
Dizziness/Fainting				Shingles/whitlow			
Emotional Disorder				Skin Lesions			
Emphysema				STD			
Epilepsy				Stroke			
Frequent Infections				Substance Abuse			
Gall Bladder Disease				Surgeries			
GERD				Syncope			
Glaucoma				Thyroid Disease			
GOUT				Tobacco Use			
Hearing				Tuberculosis			
Heart Condition				Tumors/Growths			
Heart Murmur				Ulcer			
Heart Palpitations				Valve Prolapsed			
Hepatitis				Varicose Veins			
Hernia				Vision			
HIV				Other			
Hypertension							
High Blood Pressure							

I have reviewed the information indicated above.

\_\_\_\_\_  
 Signature of Physician, ARNP, or PA

\_\_\_\_\_  
 Date

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## PHYSICAL EXAM

INSTRUCTIONS: To be completed by a practicing, licensed physician, ARNP, or PA.

Patient's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Height_____ Weight_____ B/P_____/_____ Pulse Rate_____Rhythm_____	
Dermatologic system	
Cardiovascular system	
Respiratory system	
Gastrointestinal system	
Endocrine and Metabolic systems	
Neurological system	
Ears, eyes, nose, mouth, throat	
Hearing	
Visual acuity and peripheral vision	
Genitourinary system	
Musculoskeletal system	

Routine Medications:

Drug Allergies:

Food Allergies:

Other Allergies:

Does the patient have an active disease or is any treatment being followed which should be periodically checked? If so, explain:

List Specific Physical Limitations:

Chronic Therapy: (ex: Physical Therapy, Hemodialysis, Chemotherapy)

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*Please note that the following requirements need to be completed on the forms available with the application. Once completed, these forms should then be attached to the application by the deadline given. Where available, please only use the forms provided. Attach copy of immunization record.*

**1. Immunizations:** Complete the Health Sciences Immunization form:

**A. Measles (Rubeola), Mumps and Rubella (MMR)**

The dates of two (2) MMR vaccinations are required, **OR** “positive” tiers for Mumps, Rubeola and Rubella. The nurse or medical assistant should include the date of the titer or vaccines, the titer results (“Positive”, “Equivocal” or “Negative”), and their signature with credentials. If any of the titers are “equivocal” or “negative” the student must receive two MMR vaccines and submit proof of vaccination with the applications. *All titer results should be less than 5 years old.*

**B. Varicella (Chicken Pox)**

You will need a “positive” titer as proof of immunity. *Titer results should be less than 5 years old.* If you have never had chicken pox, you are required to receive **two** varicella vaccines administered at least 4 weeks apart. The positive titer after the 2 vaccines is not required, but if you do receive a titer, it must be completed 6 weeks after the last vaccine administration. The two vaccination dates and the nurse or medical assistant’s signature should be included on the health form.

**C. Hepatitis B Vaccines or Declination Waiver**

Three Hepatitis B vaccines **OR** titer results **OR** a Declination Waiver are required. Please have the nurse or medical assistant write the date you received the vaccines on the health form and sign the form, including credentials. The positive titer after the three vaccines is not required, but if you do receive a titer, it must be completed 6 weeks after the last vaccine administration. The nurse or medical assistant should write the date of the titer and the results on the health form. *Titer results should be less than 5 years old.*

**D. Two TB Skin Tests or IGRA Blood Test**

Two PPD (mantoux) skin tests completed **1 – 3 weeks** apart are required. Please have the nurse or medical assistant write the dates and results on the form and make sure the form is signed (including credentials).

If you are allergic to the PPD skin test, a negative IGRA blood test (Tspot or Quantiferon-TB Gold) will also be accepted, the original lab report must be attached to the application.

If the IGRA blood test is positive, a clear chest x-ray from within the past year **and** a Symptom Free TB Questionnaire filled out and signed by your provider is required.

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### **E. Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine**

Other names for the Tdap Vaccine are Boostrix and Adacel. This is not the same as a tetanus shot since it has a pertussis booster added to it. Health form documentation should include the date the vaccine was administered and the nurse or medical assistant's signature (with credentials). Tdap can be administered regardless of interval since the previous tetanus shot.

However, shorter intervals between Tdap and last tetanus shot may increase the risk of mild local skin reaction.

### **2. Influenza Vaccine**

Since there is a new flu vaccine created for each flu season, this requirement will be due at the beginning of each flu season (by the end of October) each year.

Please provide a copy of the completed Influenza Vaccine form with the application.

etc. will not be accepted as proof of coverage. This must come directly from your insurance company on their letterhead.

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Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

This form must be filled out completely and each block signed by a Health Care Professional (Please include Credentials).  
The following Immunizations and titers indicating immunity are **required** before entering the EMT Program.

VACCINE	DATE OF IMMUNIZATION OR TITER State Immunity (Circle Pos. or Neg.)	HEALTH CARE PROFESSIONAL Signature with Credentials
<b>Tdap Vaccine</b> <b>Boostrix or Adacel</b>	Date of vaccine: _____	Sign: _____
<b>MMR</b> <i>Documentation of 2 vaccines</i> <b>OR</b> <i>Positive Titer is required</i>  If any titer is negative – 2 MMR vaccines are required	Mumps Titer Date: _____ <b>Pos. Neg.</b> Rubeola Titer Date: _____ <b>Pos. Neg.</b> Rubella Titer Date: _____ <b>Pos. Neg.</b>  Date of Vaccines: #1 _____ #2 _____	Sign: _____    Sign: _____
<b>Varicella</b> (Chicken Pox) <i>2 Vaccines OR Titer is required</i>  If titer is negative – you will need to have 2 vaccines – 4 weeks apart	Titer Date: _____ <b>Pos. Neg.</b>  Date of Vaccines: #1 _____ #2 _____	Sign: _____   Sign: _____
<b>Two PPD Skin Tests within 1 – 3 weeks</b> (Mantoux Only) Step 1 →  <i>If Step 1 is negative, give Step 2 in 1 – 3 weeks</i>  Step 2 →	1) Date Given _____ Date Read _____ Result _____  2) Date Given _____ Date Read _____ Result _____	Sign: _____  Sign: _____
<b>Hepatitis B</b> <i>Documentation of receiving 3 vaccines</i> <b>OR</b> <i>a Positive Titer completed 6 weeks or more after vaccination is required.</i>	#1 _____ #2 _____ #3 _____  Titer Date: _____ <b>Pos. Neg.</b>	Sign: _____   Sign: _____

Titers **must** include lab reports attached to this application with this form or it will be rejected. An equivocal titer will be considered **negative**.

A Quantiferon-TB Gold or TSpot can be done in place of the two step PPD, but a lab report **must** be attached.

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**INFLUENZA VACCINATION VERIFICATION FORM**

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Date Flu Vaccine Administered: \_\_\_\_\_

Administering Healthcare Professional's Name: \_\_\_\_\_  
(Print Full Name)

Administering Healthcare Professional's Signature: \_\_\_\_\_

Vaccine Lot #: \_\_\_\_\_

Vaccine Manufacturer: \_\_\_\_\_

Vaccine Expiration Date: \_\_\_\_\_

Medical Exemption Statement

I understand that in order to attend Clinical courses as a student of the Chipola College Health Sciences department, I must have the Influenza Vaccination unless I have a proven medical reason for not receiving the vaccination. I understand that my signature releases Chipola College and the Health Sciences department, as well as the clinical agency, its administration and employees of and from legal and financial responsibilities in the event I contract the influenza virus while a student of Chipola College. I understand that it is my responsibility to provide the School and Clinical Agency with a medical exemption note from my Primary Provider in order to attend Clinical.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



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**MEDICAL RELEASE**

INSTRUCTIONS: To be completed by ALL students. This MUST BE notarized!

In the event that I require emergency medical assistance during Chipola College activities, I grant permission for treatment.

I understand that I am responsible for any costs incurred and the College is not financially obligated.

\_\_\_\_\_  
Signature of student, parent, or guardian  
(In ink in the presence of Notary Public)

Sworn to and subscribed to me this  
day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

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### APPLICANT'S ACKNOWLEDGEMENT

Whereas I \_\_\_\_\_ (**print name**), for my own benefit, desire to participate in a training program presented by Chipola College and/or co-sponsors and/or affiliations and; whereas I realize that such training is subject to inherent risk, I hereby release and save harmless, Chipola College, its agents and employees, co-sponsors and affiliates their agents and employees, and fellow students, in connection and bodily injury, death, or property damage incurred by myself in any way related to or arising out of training activities, whether such injury, death, or property damage or is alleged to have arisen from negligence of the individual, Chipola College, its agents or employees, co-sponsors or affiliations. Their agents or employees, or fellow students, or the contributory negligence of any of the aforementioned.

I understand and agree that I will be bound by the College's regulations as published in the college catalog, student planner, and program syllabus/handbook.

I understand that by completing this application, I am not guaranteed admission into the program.

I understand that a FBI Report, Drug Screen, and Alcohol Screen are required as part of the application process. I further understand that if the drug or alcohol test comes back positive or if there is a problem with the FBI Report, I may not be accepted or remain in the program. I certify, under oath, that I am not addicted to alcohol or any controlled substance. I understand that I am subject to drug screening at any time during the program. (Chapter 401, Florida Statute)

I certify that the information given in this application is complete and accurate and understand that any misrepresentation of facts may result in immediate dismissal from the program.

I certify, under oath, that I am free from any physical or mental defect or disease that might impair my ability to perform my duties. (Chapter 401, Florida Statute)

The State of Bureau of EMS has the authority to deny licensure to applicants with a conviction, a plea of no-contest, or guilty plea, regardless of adjudication, for any offense other than a minor traffic violation. Applicants for admission with any record of a criminal charge must report this information to the Vice President of Student Affairs at the time of application. Any charges which arise after admission must also be reported to the Vice President of Student Affairs.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**HEPATITIS B VACCINE WAIVER**

I have reviewed information on the risk associated with hepatitis B disease, availability and effectiveness of any vaccine against hepatitis B disease and I choose not to be vaccinated against hepatitis B disease, or I will obtain the vaccine at a later date.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_