

**CHIPOLA COLLEGE
Paramedic Program Application**

Chipola College Paramedic Program

EMS2620, EMS2621, EMS 2622

Application Deadline 8/01/2023

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WELCOME

The goal of the EMS Department is “to prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.”

The Paramedic 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 Paramedic. The program prepares students for the certification examination as a Paramedic in accordance with Florida Statute 401 and Chapter 64j of the Florida Administrative Code. The curriculum encompasses theoretical and simulated learning, clinical, and internship experiences following the National Education Standards and is inclusive of the Department of Education Curriculum Framework. Paramedic students will adhere to standards as listed in the program Emergency Medical Services Handbook that complies with the Department of Health-Bureau of EMS. This program is a forty-two (42) credit hours course that spans three (3) semesters, approximately twelve (12) months. Clinical and internship assignments are required in addition to regular class hours. (*Application deadline---**August 1, 2023***)

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.

To be considered for entry into the Paramedic program, applicants must be eligible for admission into the College submit a complete Paramedic 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) declaring a major code of Paramedic. 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.

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Your residency status will be Non-Resident for Tuition 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: Complete testing requirements

Applicants must meet one of the below criteria to be eligible and scores must be less than 2 years old. For more information on testing, please contact the Testing Center in the Student Services Building Room A149 or call (850)718-2284.

- Attain a minimum score of 106 on the reading portion of the Postsecondary Education Readiness Test (PERT).
- Attain a minimum score of 19 on the reading portion of the American College Testing (ACT)
- Be eligible for English 1101 or completion of ENC 1101 (not subject to the 2-year rule)

Step 5: 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 6: 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).

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- Applicants must submit proof of current 2 step TB/PPD or T-Spot TB test
- Applicants must submit 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 (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 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.
- 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 provide proof of at least 240 hours of EMS experience
- Applicant must provide three (3) letters of recommendation
- 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.

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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 nursing 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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Description

The paramedic is a health professional whose primary focus is to respond to, assess, and triage emergent, urgent, and non-urgent requests for medical care, apply basic and advanced knowledge and skills necessary to determine patient physiologic, psychological, and psychosocial needs, administer medications, interpret and use diagnostic findings to implement treatment, provide complex patient care, and facilitate referrals and/or access to a higher level of care when the needs of the patient exceeds the capability level of the paramedic. Paramedics often serve as a patient care team member in a hospital or other healthcare setting to the full extent of their education, certification, licensure, and credentialing. Paramedics may work in community settings where they take on additional responsibilities monitoring and evaluating the needs of at-risk patients, as well as intervening to mitigate conditions that could lead to poor outcomes. Paramedics help educate patients and the public in the prevention and/or management of medical, health, psychological, and safety issues.

Paramedics:

- Function as part of a comprehensive EMS response, community, health, or public safety system with advanced clinical protocols and medical oversight.
- Perform interventions with the basic and advanced equipment typically found on an ambulance, including diagnostic equipment approved by an agency medical director.
- May provide specialized interfacility care during transport.
- Are an important link in the continuum of health care.

Other Attributes

Paramedics commonly facilitate medical decisions at an emergency scene and during transport. Paramedics work in a variety of specialty care settings including but not limited to ground and air ambulances, occupational, in hospital, and community settings. Academic preparation enables paramedics to use a wide range of pharmacology, airway, and monitoring devices as well as to utilize critical thinking skills to make complex judgments such as the need for transport from a field site, alternate destination decisions, the level of personnel appropriate for transporting a patient, and similar judgments. Due to the complexity of the Paramedic scope of practice and the required integration of knowledge and skills, many training programs are moving towards advanced training at the Associate degree or higher level.

Education Requirements

Successful completion of a nationally accredited Paramedic program that meets all other State requirements.

Primary Role

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Provide advanced care in a variety of settings; interpretive and diagnostic capabilities; determine destination needs within the health care system; specialty transport.

Type of Education

Academic setting

•Diploma, Certificate, Associate, or Bachelors/Baccalaureate Degree awarded for successful completion.

Critical Thinking

Within a set of protocol-driven, clearly defined principles that:

- Engages in complex risk versus benefit analysis.
- Participates in making decisions about patient care, transport destinations, the need for additional patient care resources, and similar judgments.

Level of Supervision

Paramedics operate with collaborative and accessible medical oversight, recognizing the need for autonomous decision-making. Frequently provides supervision and coordination of lower level personnel.

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Course Information

Course Number	Course Title	Semester Hours	Term
EMS 2620	Paramedic I	15	Fall 2020
EMS 2621	Paramedic II	15	Spring 2021
EMS 2622	Paramedic III	12	Summer 2021

Estimated Cost

Florida Resident Tuition: \$5,000.00. (Fees are subject to change.)

Required Books and Resources (for all semesters): Contact Chipola Bookstore for prices Package

Nancy Caroline's Emergency Care in the Streets Advantage Package and Workbook
Ninth Edition

ISBN: 9781284274028

Mandatory Orientation: TBA

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 ink pens

Program Director: Tina Maloy, M.Ed., NRP

Phone: 850-718-2403

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For a course syllabus, visit www.chipola.edu, Health Sciences Department.

Compliance with the above listed prerequisites does not guarantee entry into the Paramedic 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

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school GPA.

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).

_____ ACT/PERT/TABE Test has been completed

_____ 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.

_____ Paramedic 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).

_____ **COVID-19 or Exemption Form MANDATORY** - Proof of vaccination or a religious or medical exemption must be provided.

_____ “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.

_____ State of Florida EMT license - Photocopy of front and back of card is attached to application.

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_____ Three letters of recommendation are attached.

_____ Documentation of 240 hours of EMS experience is attached.

PROGRAM POST-ADMISSION

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

Student Name _____

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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 a Paramedic.

Medical History

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INSTRUCTIONS:

APPLICANT - Complete the following then have it reviewed and signed by a practicing,

licensed physician, ARNP, or PA.

PHYSICIAN, ARNP, PA: 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

PHYSICAL EXAM

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

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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)

Note any abnormalities, physical defects, or diseases which might in interfere with the student's attendance and progress in this program.

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

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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.

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

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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.

3. **COVID-19 or Exemption Form MANDATORY:**

The Centers for Medicare & Medicaid Services have mandated this vaccination.

Proof of vaccination or a religious or medical exemption must be provided.

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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
Tdap Vaccine Boostrix or Adacel	Date of vaccine: _____	Sign: _____
MMR <i>Documentation of 2 vaccines</i> OR <i>Positive Titer is required</i> If any titer is negative – 2 MMR vaccines are required	Mumps Titer Date: _____ Pos. Neg. Rubeola Titer Date: _____ Pos. Neg. Rubella Titer Date: _____ Pos. Neg. Date of Vaccines: #1 _____ #2 _____	Sign: _____ Sign: _____
Varicella (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: _____ Pos. Neg. Date of Vaccines: #1 _____ #2 _____	Sign: _____ Sign: _____
Two PPD Skin Tests within 1 – 3 weeks (Mantoux Only) Step 1 → If Step 1 is negative, give Step 2 in 1 – 3 weeks Step 2 →	1) Date Given _____ Date Read _____ Result _____ 2) Date Given _____ Date Read _____ Result _____	Sign: _____ Sign: _____
Hepatitis B <i>Documentation of receiving 3 vaccines</i> OR <i>a Positive Titer completed 6 weeks or more after vaccination is required.</i>	#1 _____ #2 _____ #3 _____ Titer Date: _____ Pos. Neg.	Sign: _____ Sign: _____
COVID19 <i>Documentation of 2 vaccines (Moderna/Pfizer) or 1 vaccine (Janssen)</i> OR <i>Religious Exemption form</i> OR <i>Medical Exemption form</i> *Note – Exemptions will be approved or denied by clinical affiliates.	Date and Manufacturer of Vaccines: #1 _____ #2 _____ Include copy of vaccine card with application.	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.

INFLUENZA VACCINATION VERIFICATION FORM

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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 EXEMPTION FROM COVID-19 VACCINATION

PART 1 – TO BE COMPLETED BY THE EMPLOYEE

Employee Name	Date of Birth	Phone Number
Employer Name		Date of Request
<p>Please select yes if this exemption is on the basis of pregnancy or anticipated pregnancy.</p> <p>YES <input type="checkbox"/></p>		

PART 2 – TO BE COMPLETED BY THE EMPLOYEE'S MEDICAL PROVIDER

Employee's Name	
<p>Physician, Physician Assistant, or Advanced Practice Registered Nurse</p> <p>It is my professional opinion as a physician or physician assistant who holds a valid, active license under chapter 458 or chapter 459, Florida Statutes, or an advanced practice registered nurse who holds a valid, active license under chapter 464, Florida Statutes, that COVID-19 vaccination is not in the best medical interest of the employee.</p>	
Medical Provider Signature	Date
Medical Provider Name (print)	Medical Provider License Number

NOTE: Pursuant to section 381.00317(2), Florida Statutes, this completed exemption statement requires the employer to allow the employee to optout of the employer's COVID-19 vaccination mandate.

DH8016-DCHP-11/2021 Emergency Rule 64DER21-17

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RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

Employee Name	Date of Birth	Phone Number
Employer Name	Date of Request	

Exemption Statement	
Pursuant to section 381.00317, Florida Statutes:	
I hereby declare that I decline the COVID-19 vaccination because of a sincerely held religious belief, which may include a sincerely held moral or ethical belief.	
Employee Signature	Date
Employee Name (print)	

NOTE: An employer shall not inquire into the veracity of the employee's religious beliefs. Pursuant to section 381.00317(2), Florida Statutes, this completed exemption statement requires the employer to allow the employee to opt-out of the employer's COVID-19 vaccination mandate.

DH8017-DCHP-11/2021
Emergency Rule 64DER21-17



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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
Revised 2/2022

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 _____