DAYTONA STATE COLLEGE

EMERGENCY MEDICAL TECHNICIAN
OR
PARAMEDIC

APPLICATION FOR ALL SEMESTERS

MAIL OR DELIVER YOUR COMPLETED APPLICATION TO:

DAYTONA STATE COLLEGE
ADVANCED TECHNOLOGY COLLEGE
EMS PROGRAM, ROOM 124C
1770 TECHNOLOGY BLVD
DAYTONA BEACH, FL 32117

ems@daytonastate.edu

EMS Program Office Phone Numbers
Phone: (386) 506-4122
Fax: (386) 506-4192
MINIMUM REQUIREMENTS FOR PROGRAM ACCEPTANCE

All applicants for the EMT program must:

- Be a minimum of 18 years of age by the first day of classes.
- Have a high school diploma or GED® prior to the first day of classes (Dual Enrollment is not available for any EMS program)
- Submit to fingerprints and have a clean nationwide background check
- Submit to a 10 panel drug screening test and be free of all illegal substances
- Have acceptable scores on the TABE or PERT examinations or meet exemptions
- Meet all other requirements as written in the EMS Application Packet
- Advanced Placement is NOT available for EMT classes

All applicants for Paramedic classes must:

- Possess a valid Florida EMT Certification in good standing prior to applying for the Paramedic program.
- Be a minimum of 18 years of age by the first day of classes.
- Have a high school diploma or GED® prior to the first day of classes (Dual Enrollment is not available for any EMS program)
- Submit to fingerprints and have a clean nationwide background check
- Submit to a 10 panel drug screening test and be free of all illegal substances
- Have acceptable scores on the TABE or PERT examinations or meet exemptions
- Meet all other requirements as written in the EMS Application Packet
- Advanced Placement is NOT available for Paramedic classes

IMPORTANT INFORMATION:

Failure to comply and complete all portions of this application BY THE DEADLINE DATE (visit website below for dates) will result in denial into the program. If denied, you are strongly encouraged to re-apply for the following semester when you are able to submit a complete application.

Keep in mind, results from fingerprints and drug screen can take 7-14 business days from the date of submission. Results must be confirmed by the EMS department by the first day of class to guarantee your spot in the program.

http://www.daytonastate.edu/ses/ems/index.html
EMT/PARAMEDIC APPLICATION CHECKLIST

Please check each box off when completed, sign and turn in with application

PRINT NAME: ____________________________________________

☐ If you’re not a current Daytona State College student, submit application for admission/re-admission to the college at DaytonaState.edu.
*EMT students: EMT code 0967 is not eligible for financial aid. If you are interested in enrolling in, and completing the EMS degree program, this is financial aid eligible. EMS program code is 2208.
Paramedic students may choose either program code 2208 (EMS) or 0957 (Paramedic), both are eligible for financial aid.

☐ Complete FAFSA for current year.

☐ Complete application in full. ***Attention Paramedic Applicants: If you graduated from the EMT program through Daytona State within the last two semesters, most application information will carry over. Contact department for more specific information before completing this application. ***

☐ Select semester you wish to attend (as well as day or night program for EMT.)

☐ Obtain and provide health insurance information.

☐ Follow TABE requirements. If exempt, provide proof or explanation.

☐ Complete and sign FDLE VECHS Waiver Agreement and Statement.

☐ Order drug screen AND fingerprints from CertifiedBackground.com. (Must be within 6 months of class start date)

☐ GO and submit fingerprints and drug screen (TURN IN RECEIPTS WITH APP.)

If you need assistance from Certified Background, call their Student Support line at 888-914-7279
You will receive email confirmation with drug screen and fingerprint submission locations.

If you do not receive this information in a timely manner, be sure to follow up!

YOUR REPORT FROM CERTIFIED BACKGROUND MUST BE RECEIVED IN THE EMS DEPARTMENT BY THE APPLICATION DEADLINE!! IF WE DO NOT HAVE YOUR RESULTS BEFORE THEN, YOU WILL BE ASKED TO WITHDRAW FROM THE PROGRAM.

☐ Complete Health History Form.

☐ Obtain a physical exam and immunization records (must be signed by physician.)

☐ Complete Influenza Vaccination Verification Form (Required for fall and spring semesters.)

Documents to get notarized:

☐ Statement of Understanding/Personal Character Statement.
☐ Volusia County EVAC Acknowledgement of “Student Relationship…”
☐ Deltona Fire Rescue Hold Harmless Agreement.
☐ Volusia County Fire Service Ride Along In-Service.
☐ Daytona Beach Fire Department HIPAA Agreement.

☐ Deltona Confidentiality Agreement (no Notary required.)

☐ Turn in a copy of DD214 (Veterans only.)

Student’s Signature: _______________________________ Date: ________________
DAYTONA STATE COLLEGE EMS APPLICATION
FOR EMT OR PARAMEDIC COURSES (Revised 1/2016)

Application for Admission to Daytona State College is required PRIOR to applying for EMT or Paramedic.
You can apply at www.daytonastate.edu

If you are a former student of Daytona State College, contact the Admissions Office (Daytona Campus: 386-506-3059) to see if you need to be re-admitted. If yes, follow the link below to apply for admission:
http://www.daytonastate.edu/admissions/readmission.html

DSC Student ID #: ________________ Social Security Number (Last 4 numbers ONLY): ________________

Birthdate: ________________

SELECT THE CLASS YOU WANT TO ATTEND BELOW:
SCHEDULES WILL BE PROVIDED AT ORIENTATION.

☐ EMS A.S. Degree (Program Code 2208):
   ***Please select if you plan on completing the A.S. degree program, as well as class selection below.

EMT- ADVANCED TECHNOLOGY COLLEGE – DAYTONA (Program Code 0960)
Select semester AND day OR night program

☐ FALL (August to December) ☐ DAY PROGRAM
☐ SPRING (January to May) OR
☐ SUMMER (May to August) ☐ NIGHT PROGRAM

PARAMEDIC – ADVANCED TECHNOLOGY COLLEGE – DAYTONA (Program Code 0957)

Do you have a valid and current state of Florida EMT certificate? ☐ Yes ☐ No _

Florida EMT Certificate Number: ________________________________

Florida EMT Certification is required to enter the program.

Select semester:

☐ FALL (starting in August) – Fire “B” Shift Schedule
☐ SPRING (starting in January) – Fire “C” Shift Schedule
☐ SUMMER (starting in May) – To Be Determined
Permanent Address (RESIDENCE):
Street: ____________________________________________________________
City: ________________________ State: ______ Zip code: _______ County: ____________

Current Mailing Address:
Street: ____________________________________________________________
City: ________________________ State: ______ Zip code: _______ County: ____________

Personal Telephone: ______________________________________________
Work Telephone: ________________________________________________
E-Mail: __________________________________________________________

Emergency Contact Person:
Name: ____________________________________________________________
Relationship: ___________________________ Telephone: ________________

Do you possess a valid driver’s license?  YES ☐  NO ☐
Driver’s License Number: ___________________________ State Issued: ______
Expiration Date: ________________________________

Do you currently have health insurance coverage?  YES ☐  NO ☐
Name of Company: ________________________________
Policy #: _______________________________________

*NOTE: If you do not have health insurance you will be required to obtain coverage PRIOR to application deadline*
EMPLOYMENT VERIFICATION FORM/VETERAN or MILITARY STATUS

Are you currently employed by an Emergency Services Agency, Fire/EMS/Law Enforcement, for whom you are taking this training?

☐ YES (If yes, complete the following)  ☐ NO

Job Title: ____________________________________________

Employer: __________________________________________

Contact name & Phone number: __________________________

Are you currently a volunteer with an Emergency Services Agency, Fire/EMS/Law Enforcement?

☐ YES (If yes, complete the following)  ☐ NO

Where are you a volunteer? ______________________________

Contact name & Phone number: __________________________

Students that are currently employed by/volunteer for an Emergency Services Agency may submit a letter from Human Resources covering their fingerprints, drug screen and/or physical. Contact EMS department for further information.

Are you a US Veteran? (If you have been discharged less than 1 year, contact EMS department prior to completing all application requirements)

☐ YES (must submit copy of DD214 with honorable discharge)  ☐ NO

FOR OFFICE USE ONLY

DD214 Received on (date): ___________  BY: ____________________________

Are you Active Duty Military or Reserve? (Contact EMS department prior to completing all application requirements)

☐ YES (must show military ID to EMS department staff)  ☐ NO

FOR OFFICE USE ONLY

Military ID witnessed on (date): _________  BY: __________________________

Expiration Date: ___________
DAYTONA STATE COLLEGE ENTRY TESTING: Students are required to take the TABE test and score a minimum of 10 in all sections. Exemptions may apply. Please contact the assessment center for more information. [http://www.daytonastate.edu/assessment/]

To be exempt from taking the TABE (Test of Adult Basic Education), students must:
- have started 9th grade at a Florida public high school in 2003 or later
- have graduated high school with a standard high school diploma in 2007 or later from a Florida public high school
- be active duty military
- possess a valid state of Florida EMT license
- successfully completed a college-level math and English course with a “C” or better

Students that are not exempt from taking the TABE (Test of Adult Basic Education) are:
- students with a GED regardless of where they earned it or in what year
- students with a high school Certificate of Completion regardless of where they earned it or in what year
- students that graduated from a high school outside of Florida regardless of the graduation year
- student that graduated from a private high school in Florida regardless of the graduation year
- students that were homeschooled
- military veterans

TABE Score (if not exempt) ______________________________

CRIMINAL HISTORY

All Applicants are required to obtain a level 2 background check and a 10-Panel Drug screening prior to admission to the EMS program.

Honorable and General discharge from the United States Armed Services is accepted in lieu of a civilian background check if discharged from the military within one year. Discharge under less than honorable conditions must be explained in detail and will be considered the same as a questionable civilian background check.

If you answer yes to any of the following questions, please explain. You may need to provide copies of any relevant paperwork (reports, release papers, etc.)

Have you ever been arrested for any reason? YES ☐ NO ☐
Have you ever been arrested for a felony charge? YES ☐ NO ☐
Have you ever been arrested for a drug or alcohol violation? YES ☐ NO ☐
Have you ever been convicted of any charges? YES ☐ NO ☐
Do you have any pending and/or ongoing legal action relating to a charge? YES ☐ NO ☐

If you answered YES to any arrest questions, please explain/describe (attach additional paper if needed):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

NOTE: IF YOU HAVE ANY CHARGES PENDING AND/OR ANY ONGOING LEGAL ACTION RELATING TO A CHARGE, YOU ARE NOT ELIGIBLE TO APPLY TO THE EMS PROGRAMS UNTIL THE CASE(S) IS/ARE SETTLED AND THE OUTCOME REVIEWED BY THE EMS PROGRAM.
PLEASE NOTE:

OMISSION OR FALSIFICATION OF ABOVE ARREST ANSWERS/STATEMENTS WILL LEAD TO DENIAL INTO AND/OR DISMISSAL FROM THE EMS PROGRAMS.

ANY ARREST DURING THE PROGRAM MUST BE REPORTED TO THE EMS DEPARTMENT. ARRESTS/CONVICTIONS MAY DISQUALIFY THE STUDENT FROM PARTICIPATION IN REQUIRED CLINICAL ROTATIONS DUE TO CLINICAL SITE LIABILITY ISSUES. THIS WILL UNAVOIDABLY RESULT IN THE STUDENT’S DISMISSAL FROM THE EMS PROGRAM. UNDER CERTAIN CIRCUMSTANCES, THE STUDENT MAY BE ALLOWED TO WITHDRAW.

Florida Statute Section 435.03 states in pertinent part as follows: Any person for whom employment screening is required by statute must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under any of the following provisions of the Florida Statutes or under an similar state of another jurisdiction:

a) Section 415.111, relating to abuse, neglect, or exploitation of a vulnerable adult. b) Section 782.04, relating to murder.

c) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.

d) Section 782.071, relating to vehicular homicide

e) Section 782.09, relating to killing of an unborn child by injury to the mother. f) Section 784.011, relating to assault, if the victim of the offense was a minor. g) Section 784.021, relating to aggravated assault.

h) Section 784.03, relating to battery, if the victim of the offense was a minor.

i) Section 784.045, relating to aggravated assault. j) Section 787.01, relating to kidnapping.

k) Section 787.012, relating to false imprisonment. l) Section 794.011, relating to sexual battery.

m) Former s.794.041, relating to prohibited acts of persons in familial or custodial authority. n) Chapter 796, relating to prostitution.

o) Section 798.02, relating to lewd and lascivious behavior. p) Chapter 800, relating to lewdness and indecent exposure. q) Section 806.01, relating to arson.

r) Chapter 812, relating to theft, robbery, and related crimes, if the offense was a felony.

s) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.

t) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult. u) Section 825.1025, Section 825.102, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.

v) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.

w) Section 826.04, relating to incest.

x) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child. y) Section 827.04, relating to contributing to the delinquency or dependency of a child. z) Former s.827.05, relating to negligent treatment of children.

aa) Section 827.071, relating to sexual performance by a child. bb) Section 847, relating to obscene literature.

c) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.

d) Section 456.0635 relating to Medicaid fraud: disqualification for licensure, certificate or registration (pertaining to a felony under Chapter 409, Chapter 817, Chapter 893, 21 U.S.C. ss.801-970, or 42 U.S.C. ss. 1395-1396 within 15 years of sentence and any subsequent period of probation).
Dear Applicant:

To finalize your application you MUST complete the attached items.

**BACKGROUND CHECK & DRUG SCREEN (must be dated within 6 months from class start date)**

Daytona State College EMS contracts with Certified Background to conduct our background checks and drug screening. You will find the information on how to create an account and schedule your fingerprints and drug screen.

Your background and drug screen results are sent directly to the EMS Department electronically.

You must complete and sign the FDLE VECHS Waiver Agreement and Statement (next page)

**PHYSICAL EXAM & IMMUNIZATION RECORDS**

You will find your physical form in this packet. You may go to any physician you wish to complete the form. If you have recently had a physical from a physician, you may use that as long as all items on our form are documented.

It is essential that you provide your immunization record as requested!

You MUST provide proof that you have received a Flu shot with this application. Hospital clinical sites require flu shots of all students and providers (Spring and Fall semesters only)

**Active Duty Service Members are exempt from (you must supply a copy of your Military ID):**

- Criminal Background Check
- Drug Screen
- Physical
- And immunization records. OTHER THAN proof of flu shot during required semesters.

**Veterans with honorable discharge within 1 year are exempt from (must provide copy of DD214):**

- Criminal Background Check
- Drug Screen

APPLICATIONS ARE NOT CONSIDERED COMPLETE UNTIL ALL REQUIRED DOCUMENTATION IS TURNED IN. YOU WILL NOT BE GUARANTEED A SPOT IN THE PROGRAM WITH AN INCOMPLETE APPLICATION.

If you have any questions regarding these forms, please contact our office: 386-506-4122, or email: ems@daytonastate.edu
VECHS WAIVER AGREEMENT AND STATEMENT
Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (enter Name of Qualified Entity) DAYTONA STATE COLLEGE EMS
to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) __________________________ (Year of Request) __________________________

I ___have OR ___have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I ___do OR ___do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee [ ] Volunteer [xx] Contractor/Vendor [ ]

Signature: __________________________ Date: __________________________

Printed Name: __________________________

Address: __________________________

Date of Birth: __________________________

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Daytona State College EMS

Address: 1770 Technology Blvd, Room 124C, Daytona Beach FL 32117

Telephone: 386-506-4122 Fax: 386-506-4192

FDLE Assigned Qualified Entity Number: EV64020005

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY

7_VECHS Waiver
Welcome to CertifiedProfile!

When you place your initial order, you will be prompted to create your secure CertifiedProfile account. From within your CertifiedProfile, you will be able to:

- View your order results
- Manage the requirements specific to your program
- Complete tasks as directed to meet deadlines
- Upload and store important documents and records
- Place additional orders as needed

To place your order, go to www.certifiedprofile.com

In the “Place Order” field, enter the following package code specific to your school and program:

DB36 – Drug Test and Fingerprints
DB36dt – Drug Test ONLY
DB36fp – Fingerprints ONLY

During order placement you will be asked for personal identifying information needed for security or compliance purposes. Supplying accurate and comprehensive information is important to the speed in which your order is completed.

The email address you use when placing your order will become your username for your CertifiedProfile and will be the primary form of communication for alerts and messages. Payment methods include: MasterCard, Visa, debit card, electronic check, money order, and installment payment.

You can respond to any active alerts or To-Do List items now, or return later by logging into your CertifiedProfile. You will receive alerts if information is needed to process your order. Access your CertifiedProfile anytime to view order status and completed results. Authorized users at your school will have access to view your compliance status from a separate CertifiedBackground portal.

Your CertifiedProfile Service Desk is available to assist you via phone, chat and email
Monday-Friday 8am-8pm & Sunday 10am-6:30pm EST
888-914-7279 or cpservicedesk@certifiedprofile.com
ADDITIONAL FINGERPRINT INSTRUCTIONS

Attention Applicant: In order to have your fingerprint scan performed, you must schedule a fingerprint appointment on the website below. To access the website go to the second requirement in your Fingerprint To-Do List. Use this form to guide you through the process. These items must BOTH be dated within 6 months from the class start date, otherwise they will be considered “expired”.

https://www.daontis.com/fl/?from=cbt

Follow these steps to complete your registration:

1. Enter your program's specific Agency Code: **DB36** (fingerprints AND drug screen) or **DB36fp** (for fingerprints only).
2. Verify that the Agency Code you entered is correct.
3. Start the account creation process by creating a username and password, agreeing to the privacy policy, and typing in the unique Captcha words.
4. Enter your school program Information.
   Program: VECHS Volunteer
   **ORI- V64020005**
   Reason – Volunteer
   * click next to continue. You do not complete “OCA” and “Attention To” fields.
5. Enter your first and last name. Providing an email address is optional, but doing so will provide you with a copy of your receipt once the account creation process is complete.
6. If applicable, enter any alias information.
7. Enter address of current residence and select next to proceed.
8. Enter the name and address of your employer and select next to proceed.
9. Enter additional biographical information and select next to proceed.
10. You will now select a location at which to get fingerprinted. You can search by entering an address, city and/or zip code. You can also search by your home or work address that you previously entered.
11. Your search terms from the previous step will create a list of nearby fingerprinting locations. Select the location at which you would like to be fingerprinted.
12. Available times are listed in white. Schedule your fingerprinting appointment by clicking in the white-box associated with your desired time frame provided. Click **schedule** to confirm the date and time.
13. Schedule your appointment as early as possible as end-of-the month appointments are not guaranteed
14. Click the **proceed** button to finish the pre-registration process.
15. You will get a receipt with a barcode emailed to the email address you provided during registration. Print your receipt and take it with you to your fingerprint location. If you cannot print the receipt, write down the number that appears above your appointment. If you provide an email address during account creation, you will also receive an email with the receipt.
16. You must take a government issued, photo ID to the appointment.
17. Note: Should you need to reschedule your appointment date/time, please log back into your DTIS account using your DTIS user ID and password; proceed to the scheduler to change your appointment date/time. You may also call Daon Trusted Identity Services at: 703-797-2562

Any questions regarding your appointment, please contact Daon Trusted Identity Service customer service at: 703-797-2562DAYTONA STATE COLLEGE
THIS SECTION TO BE COMPLETED BY THE APPLICANT:

1. Which childhood diseases have you had?

2. Are you allergic to any medications? If so which?

3. What other allergies do you have?

4. Have you had frequent absences from work or school due to health problems? If yes, please explain.

5. Are you currently under a physician’s care for any reason? If yes, please explain.

6. Have you ever consulted a psychiatrist or psychologist? If yes, please explain.

7. Are you currently taking any medications regularly? If yes, please explain.

8. Have you ever had surgery? If yes, please list procedure(s) and date(s).

9. Have you had, or do you currently have, any of the following? (Answer yes or no)

   Arthritis___________________
   Tuberculosis___________________
   Asthma___________________
   Diabetes___________________
   Heart disease___________________
   Jaundice___________________
   Epilepsy___________________
   Back injury___________________
   Neck injury___________________
   Rheumatic fever___________________
   Malignancies___________________
   Migraine headaches___________________

Are you currently covered by health insurance? □ Yes □ No

______________________________________________________________  ______________________________
Applicants Signature                                      Date
DAYTONA STATE COLLEGE
EMT/PARAMEDIC PROGRAM APPLICATION
REPORT OF PHYSICAL EXAMINATION

A licensed physician must complete this report. All sections of the report must be completed, and the form must be signed and dated. Failure to complete all sections will result in the applicant’s file being considered incomplete, and the applicant will be ineligible for admission to the EMT program.

Name: ____________________________  Last  First  Middle

Age: ___________  Height: ___________  Weight: ___________

Vision: Uncorrected

Corrected

Right: 20/_________  Left: 20/_________

Color perception: ____________________

Hearing:

Right: 15/_________  Left: 15/_________

Vital Signs:

Respiratory Rate _____________  Blood Pressure _____________

Resting Heart rate _____________  1 min. after exertion _____________

3 minute step test at 98 steps per minute

Heart rate after exertion (step test) _____________

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IMMUNIZATIONS: (to be completed by physician along with physical)
*Titer exams are only required if there is no documented proof of any of the vaccinations below

Tetanus Booster Date: _______________ (Recommended not exceeding 10 years since last booster)

Hepatitis B Vaccination: *
1st injection: _______________
2nd injection: _______________
3rd injection: _______________
Post Series titer date/result (optional): _______________

* NOTE: EMS Program applicants must have the first Hepatitis B injection prior to submitting application, and must remain current in the injection series while enrolled in class.

□ Tuberculosis (Mantoux or PPD). ** Date: _______ Result: ________________
*** Must be within 1 year; if result positive, chest x-ray report must be attached.

□ MMR (Measles, Mumps, Rubella): *** Date 1: ____________ Date 2: ____________
*** If born 1957 or later without serologic evidence of immunity 2 doses of vaccine 4 weeks apart. A booster may be considered without diagnosis of measles and mumps or lab evidence of immunity.

□ Varicella (Chickenpox) *** Date 1: ____________ Date 2: ____________
*** Two doses of vaccine given at least 28 days apart or history of varicella or herpes zoster based on physician diagnoses, lab evidence of immunity or lab confirmation of the disease.

Flu Shot Received ***Date: ________________ See next page. Lot # Required.

For FALL semester only: please hold off on getting flu shot completed until current year is available. It is ok to enter program without it. A deadline will be given to students once vaccinations become available.

Does the applicant have adequate pulmonary function to exert himself/herself (i.e. lifting and carrying patients, performing CPR) while wearing a properly fitted High Efficiency Particulate Air respirator?

☐ Yes ☐ No

Please comment on any specific health problem, which might interfere with the clinical activities within EMS Programs, such as back or neck injuries, allergies, significant medical history, etc.

Please note any medications taken which may interfere with alertness or reflexes.

This is to certify that on this date, __________________________, I examined:

Name of Applicant ____________________________________________

and found him/her to be in __________________ physical condition, and in my professional opinion is physically and mentally healthy enough to enter the EMS Program at Daytona State College.

Examining Physician name: __________________________________

Address: ___________________________________________________

Physician’s Signature: _________________________________________ License: _____________________
Daytona State College EMT/ Paramedic Student
Influenza Vaccination Verification Fall/Spring

Last Name (Print):  
First Name:  
Address:  
City, State, Zip code:  
Phone Number:  
Date Of Birth:  
Last 4 digits SS#:  

YES  NO  
1) Are you allergic to eggs or egg products?  
2) Are you allergic to Thimerosal (a Preservative) other than contact lens sensitivity?  
3) Have you ever had Guillain-Barre’ Syndrome with 6 weeks of taking flu shot?  
4) Have you ever had an anaphylactic reaction to the influenza vaccine?  
5) Are you allergic to Latex?  

If you have had recent chemotherapy, radiation therapy, or steroids except inhaled, these conditions may decrease the effectiveness of the vaccine. However, flu vaccination is still encouraged. Flu vaccination is recommended for any women who will be breastfeeding during the influenza season, or will be pregnancy during the influenza season. Vaccination can occur in any trimester.  

☐ I am not able to receive a flu shot due to permanent contra-indication listed above.
Explain: __________________________________________________________

☐ I am not able to receive the flu shot today because I have a fever, but I may be re-evaluated later and will be able to receive a flu shot at that time.

☐ Yes, I would like to have an influenza vaccination given to me and I qualify.

☐ Yes, this is the first flu shot I have ever taken.

Student Signature:  
Date:  

The provider must complete at the time the shot is received:

Provider who administer Vaccination:  
(Example: Walgreens, John Smith)
Manufacturer:  
Expiration:  
Lot #:  
Date given:  

Dose: 0.5 ML Influenza Vaccine  
Site administered:  
Delivery method:  IM, Nasal, Other:
APPLICANT INSTRUCTIONS – NOTARIZED STATEMENTS

It is the responsibility of each applicant to contact a Notary and have these documents completed. These documents must be presented to the EMS department (ATC Room 124C) to complete your application.

You can find a notary at local banks, check cashing stores, UPS stores, FedEx stores, real estate offices, etc.

1. Read all of the documents carefully. There are five (5) statements that need the signature of a Notary:
   - Statement of Understanding and The Personal Character Statement (2 pages.)
   - Volusia County Acknowledgement of Student Relationship with EVAC Ambulance (2 pages.)
   - City of Deltona Hold Harmless Agreement.
   - Ride Along In-Service with Fire Departments Within Volusia County.
   - Daytona Beach Fire Department Non-Business Associate HIPAA Agreement.

2. In the presence of a Notary Public, initial and sign as directed on the form.

   **DO NOT SIGN OR INITIAL IN ADVANCED! IT MUST BE DONE IN FRONT OF THE NOTARY SO THEY MAY WITNESS YOUR SIGNATURE!**

3. City of Deltona Confidentiality Agreement must be completed, but does not require the signature of a Notary.
ALL APPLICANTS ARE REQUIRED TO INITIAL AND SIGN THIS STATEMENT IN FRONT OF A NOTARY PUBLIC OF THEIR CHOICE WHO WILL VERIFY YOUR SIGNATURE. PLEASE PRINT THIS PAGE AND COMPLETE IT. YOU ARE REQUIRED TO SUBMIT IT TO THE EMS DEPARTMENT AT ORIENTATION.

IT IS UP TO YOU TO LOCATE A NOTARY! YOU CAN CHECK AT LOCAL BANKS, TITLE COMPANIES, HUMAN RESOURCE DEPARTMENTS, ETC!

APPLICANT INSTRUCTIONS
1. Read the Statements of Understanding and The Personal Character Statement carefully.
2. In the presence of a Notary Public, initial each paragraph of the Statements of Understanding.
3. PRINT your name on the appropriate line in the Personal Character Statement.
4. In the presence of a Notary Public, SIGN and DATE the Personal Character Statement.

STATEMENTS OF UNDERSTANDING
1. I understand that the EMS program is an intensive academic activity, involving lecture classes and lab classes on a demanding schedule, plus required clinical rotations. I have read and understand these requirements as outlined.

   APPLICANT’S INITIALS__________

2. I understand that attendance is required at all lecture and lab classes as well as clinical sessions; and that there are no unexcused absences.

   APPLICANT’S INITIALS__________

3. I understand that I will be required to enroll in the specific lab section that corresponds with my scheduled EMS lecture section.

   APPLICANT’S INITIALS__________

4. I understand there are minimum passing scores that must be met in all Daytona State College EMS courses. These will be explained to me in detail at the start of classes.

   APPLICANT’S INITIALS__________

5. I understand that student uniforms are required, and that I must purchase these before the first day of classes.

   APPLICANT’S INITIALS__________

6. I understand that I will be required to sign "hold harmless agreements" to complete mandatory clinical rotations at emergency services agencies.

   APPLICANT’S INITIALS__________

7. I understand that I may be exposed or communicable diseases and/or bloodborne pathogens during clinical experiences. I understand that I must demonstrate proof of personal health insurance and this policy must remain in force during the duration of the program.

   APPLICANT’S INITIALS__________

8. I understand that I must complete a thorough criminal background check as well as a drug screen. If the results of my background check and/or drug screen are not acceptable to the EMS program clinical affiliates, I will be dismissed from the EMS program and will not be able to reapply.

   APPLICANT’S INITIALS__________

Part 1
PERSONAL CHARACTER STATEMENT

In accordance with the qualifications for certification as an Emergency Medical Technician as set forth in Chapter 401, Florida Statute, I ________________________________, hereby swear and certify that:

1. I am free from any physical defect, mental defect, or disease, which might impair my ability to perform as an Emergency Medical Technician or Paramedic.

2. I am free from addiction to alcohol or any controlled substance and I understand I will submit to a 10 panel drug screen prior to acceptance,

3. I understand I will submit to an FDLE and NCIC criminal background check prior to acceptance and I have reviewed the Level 2 screening standards for exclusions

4. I understand that any fraudulent entry on this application may be cause for rejection of my application, dismissal from the EMS Program or rejection of state certification eligibility.

____________________________________  ______________________
Signature of Applicant                Date

☐ Personally Known  ☐ Identification Provided:

________________________________________

Sworn to and subscribed before me on this ______ day of ________, 20____.

________________________________________
My commission expires
             __________, 20____.
Notary Public

Part 2
County of Volusia
Emergency Medical Services Division
EVAC Ambulance

Acknowledgement of “Student” Relationship with EVAC Ambulance

I am a student participating in the Emergency Medical Technician (EMT) or Paramedic program at the Daytona State College (DSC). I understand that these programs are offered by DSC in affiliation with the County of Volusia, Emergency Medical Services Division, EVAC Ambulance.

I acknowledge the following:

(a) RISKS. I am aware that during the course of my clinical rotations at EVAC Ambulance that I am subject to certain risks that are inherent to the emergency medical services industry. These risks include, but are not limited to, serious and debilitating injuries as a result of accidents involving emergency medical service vehicles, violence directed at emergency medical service providers and exposure to infectious diseases.

(b) INFECTIOUS DISEASES. I understand that by the very nature of providing emergency medical care I am at a greater risk of exposure to infectious diseases. Infectious diseases may include, but are not limited to, Human Immunodeficiency Virus (HIV), which can progress in to Acquired Immune Deficiency Syndrome (AIDS), any of varieties of Hepatitis (HBV, HCV) and Tuberculosis (TB). I further understand that any one of these illnesses can have devastating ramifications on my quality of life including, but not limited to hospitalization, long-term adverse health complications, loss of employment and even death. I understand and agree that prior to my first clinical rotation on an EVAC Ambulance, I must have received at minimum the first and second immunizations in the three-immunization series for Hepatitis B. I also understand that, facial hair, with the exclusion of a mustache that cannot extend below the corner of the mouth, is prohibited.

(c) HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA). I understand and agree that HIPAA guarantees privacy to all medical clients and that I will refrain from any and all activity that might even remotely jeopardize the patient’s right to privacy. Such activities might include the audio, video or photograph recording and verbal communication of confidential or identifying patient information beyond what is required by the College for course completion. I understand and agree that video and still photography are strictly forbidden while performing clinical rotations with EVAC Ambulance.

(d) PROFESSIONAL CONDUCT. I understand and agree that my presence on EVAC Ambulance properties and vehicles is that of an invited guest and that any ill behavior or disruptions that I might cause may result in my immediate and permanent expulsion from all agency properties and vehicles.

(e) COMMUNICATIONS. I understand and agree the presence of cellular telephones and pagers on EVAC Ambulances is allowed providing that they are placed in to a silent mode and do not cause any disruption during patient care. Students are forbidden to converse on cellular phones while the ambulance or crews are involved in agency business.

(f) RELATIONSHIP WITH EVAC AMBULANCE. I understand and agree that my relationship with EVAC Ambulance is that of a “student” participating in a DSC program requiring under law an affiliation agreement with a licensed emergency medical services transport provider. In no way will I construe this relationship as a temporary employee, a contracted employee, a part-time employee or a full-time employee with EVAC Ambulance or the County of Volusia, Florida, the contractor of ambulance services within Volusia County. Based upon this “student” relationship, I understand and agree that I do not have the right to, nor will I assert, any claims to the respective entities Workers’ Compensation coverage or benefit packages, including health insurance.
(g) **MEDICAL INSURANCE.** I understand and agree that I am solely responsible for the procurement and maintenance of health insurance to provide for my immediate and long term care in the event I suffer from an injury or communicable disease exposure during my clinical experience and that this requirement was made by the Daytona State College.

(h) I hereby understand and agree to assume all risk to myself involved in riding in and/or participating with EVAC Ambulance and fully assume all responsibility for any personal injury that may result from said participation. It is my intention that this shall be binding on my spouse, heirs, legal representatives and assigns and that its coverage extends to my heirs, legal representatives and assigns.

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<th>PARTICIPANT'S SIGNATURE</th>
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<th>PARTICIPANT’S NAME (LEGIBLY PRINTED)</th>
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**STATE OF FLORIDA:**

**COUNTY OF VOLUSIA:**

The foregoing instrument was acknowledged before me on ____________ by

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who is personally known to me or who has produced

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as identification and who did (did not) take an oath.

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<th>Name of Notary (typed, printed or Stamped, include Commission Number)</th>
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Hold Harmless Agreement

I, ______________________________________ agree to participate in the internship program as part of the Daytona State College EMS Emergency Medical Technician and/or Paramedic program. I understand that I will be under the direct supervision of a Firefighter/Paramedic from the Deltona Fire Department. Although all practical measures will be taken to protect me from harm, I understand that there is an inherent danger with any emergency services profession. I will participate in non-emergency duties related to the Firefighter/Paramedic profession. I further understand that I will be a passenger in an emergency vehicle and will respond to emergency incidents. I **will not** participate in firefighting or firefighting related duties; however I may participate to a limited extent in the care of sick and/or injured persons and in the performance of Emergency Medical Technician or Paramedic related duties up to the level and scope of my training.

I hereby hold the City of Deltona, Deltona Fire Department, its Agents and/or Employees harmless for any illness or injury to me which may arise out of this student internship.

________________________________________  ______________________________
Name (Printed)                           Signature / Date

________________________________________  ______________________________
Notary Public Signature                  Printed Name

Before me appeared _______________________ who produced the following identification
________________________________________ or is personally known to me _____ this __________ day of __________,______ in __________ County, Florida. My commission expires: ______________________

(Notary Seal)
Ride Along In-Service with Fire Departments
Within Volusia County

I, __________________________ understand that I will receive the in-service training for the Ride Along scheduled with all Volusia County Non-transport and Transport (Edgewater FD) Fire Agencies.

This information will be provided during the Orientation of the upcoming semester. Please have document notarized in advance. A representative of the Volusia County Non-Transport/Transport Fire Agencies will explain:

- Fire Services of Volusia and their organization (Personnel and Equipment.)
- Ride times, late arrival and leave policy.
- HIPAA and Personal Information Policy.
- What time to arrive at the assigned locations.
- Contacting the Clinical Coordinator when not attending.
- Who to report to when arriving at the assigned fire station.
- Who is responsible for you while attending the ride along.
- Breakfast, lunch and dinner policy.
- Where you will be assigned on the fire unit.
- Fire helmet, safety vest and rain gear and procedures for use.
- Personal Protective Equipment (PPE.)
- Equipment check-out and your involvement.
- What to do during fire calls.
- What to do during Hazmat calls.
- What to do during EMS call (with and without hazard.)
- Training and testing that may occur and participation.
- Station duties that may be performed and participation.
- Complaints and documentation.
- DSC required paperwork and completion at the end of the ride.

_____________________________ ______________________________
Name (Printed) Signature / Date

_____________________________ ______________________________
Notary Public Signature Name (Printed)

Before me appeared ______________________ who produced the following identification

_____________________________ or is personally known to me ____ this ________ day of

__________, _______ in ___________ County, Florida. My commission expires: __________________

(Notary Seal)
Daytona Beach Fire Department
Non-Business Associate HIPAA Agreement

CONFIDENTIALITY:

1. DAYTONA STATE COLLEGE understands that while EMT and Paramedic students are conducting their ride along as part of their educational requirements, they will be working in areas where confidential and proprietary information may be kept, including confidential patient information. Under no circumstances, except as otherwise agreed to in writing, are any of the DAYTONA STATE COLLEGE’s personnel, and student’s to have access to any confidential information of the Daytona Beach Fire Department.

2. Further, in the event that DAYTONA STATE COLLEGE inadvertently comes in contact with any confidential information, DAYTONA STATE COLLEGE agrees not to use or further disclose such information to anyone.

3. DAYTONA STATE COLLEGE further agrees to educate its personnel, and student’s as to the importance of confidentiality with respect to the performance of this agreement, and to maintain a strong confidentiality policy applicable to all of its personnel who may be assigned to perform services at the Daytona Beach Fire Department.

4. DAYTONA STATE COLLEGE will take steps to ensure that its student’s remain only in authorized areas of the Daytona Beach Fire Department and that they will not open any files, desks, boxes, disk storage cases, or any other containers that may potentially contain confidential and proprietary information.

5. Any violations of this confidentiality provision shall be cause for immediate termination of this agreement, without notice.

I hereby hold the City of Daytona, Daytona Fire Department, its Agents and/or Employees harmless for any illness or injury to me which may arise out of this student internship.

___________________________________  ______________________________
Name (Printed)  Signature / Date

___________________________________  ______________________________
Notary Public Signature  Name (Printed)

Before me appeared ______________________ who produced the following identification

___________________________________ or is personally known to me _____ this ______ day of ________,

______ in _____________ County, Florida. My commission expires: __________________

(Notary Seal)
CONFIDENTIALITY AGREEMENT

I understand that the City of Deltona has a legal and ethical responsibility to maintain the privacy, to protect the confidentiality, and to safeguard personal health information.

In addition, I understand that during the course of my employment/affiliation with the City of Deltona, I may see or hear confidential information such as operational or individual information that the City of Deltona is obligated to maintain as confidential.

As a condition of my employment/affiliation with the City of Deltona, I understand that I must sign and comply with this agreement.

By signing this document I understand and agree that:

I will disclose patient care information and/or confidential information only if such disclosure complies with the City of Deltona policies, and is required for the performance of my job.

I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for clarification.

I will not discuss any information pertaining to confidential information or the City of Deltona in an area where unauthorized individuals may hear such information (for example, in hallways, in the station, or public). I understand that it is not acceptable to discuss any patient care information in public areas even if specifics such as a name are not used.

I will not inquire about or facilitate the relay of any confidential information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of patient information or confidential information. Such unauthorized transmissions include, but are not limited to; removing and/or transferring confidential information from the City of Deltona computer system to unauthorized locations (for instance, home).

My personal access code(s), user ID(s), access keys and passwords used to access computer systems or other equipment shall be kept confidential at all times.

Upon termination of my employment/affiliation with the City of Deltona, I will immediately return all property (keys, documents, ID badges) to the City of Deltona.

I agree that my obligations under this agreement regarding confidential information will continue after the termination of my employment/affiliation with the City of Deltona.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my employment/affiliation with the City of Deltona and/or suspension, restriction or loss of privileges, in accordance with City of Deltona’s policies, as well as potential personal civil and criminal legal penalties.

I have read the above agreement and agree to comply with all its terms as a condition of continuing employment.

___________________________________________________________  __________________________
Signature                                                 Date

___________________________________________________________
Printed Name