



Emergency Medical Technician Class Application

Please type or print legibly.

Name: Last First MI Date of Birth

Home Address City State Zip

Social Security Number¹ Telephone Number (including area code)

White Hispanic Black Multi Other Race (optional) M or F Gender

Employer Date Employed

Employer Address Phone Number

Cellular Phone E-mail Address

The Coral Springs Fire Department Training and Public Education Division will keep your application for one year from your date of application. After one year, the file will be discarded.

Signature of Applicant Date

¹ Please note that the social security number is not required; however, if you provide it, it will greatly assist us in assisting you.





Mark Curran
Fire Chief

CORAL SPRINGS FIRE DEPARTMENT TRAINING ACADEMY
STUDENT ENROLLMENT AGREEMENT

STUDENT INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: (HOME) _____ (ALTERNATE) _____

PROGRAM INFORMATION

PROGRAM TITLE: Emergency Medical Technician-Basic CLOCK HOURS: ___256___

CLASS SCHEDULE: _____

STARTING DATE: _____ ANTICIPATED ENDING DATE: _____

ANTICIPATED TIME TO PROGRAM COMPLETION: NIGHT CLASS FOUR (4) MONTHS ()
DAY CLASS 14 WEEKS ()

CANCELLATION AND REFUND POLICY:

Should student be terminated or cancel for any reason, all refunds will be made according to the following refund schedule:

1. Cancellation must be made in person or by certified mail
2. All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the Enrollment Agreement and making initial payment.
3. Cancellation after the third (3rd) business day, but before the first class, will result in a refund of tuition fee only.
4. Cancellation after attendance has begun, but prior to 50% completion of the program, will result in a pro rata refund computed on the number of hours completed to the total program hours.
5. Cancellation after completing 50% of the program will result in no refund.
6. Termination Date: The termination date for refund computation purposes is the last date of actual attendance by the student unless earlier written notice is received.
7. Refunds will be made within 30 days of termination or receipt of Cancellation Notice.
8. A student can be dismissed, at the discretion of the Program Director, for insufficient progress, non-payment of costs, or failure to comply with rules.
9. In order to receive a refund, student must return the academy issued photo ID card.
10. Should the academy have to cancel an Emergency Medical Technician-Basic course prior to completion, students will have the option of a full refund of all monies paid, or to have guaranteed enrollment in the next course with no additional fees.



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Fire Chief

STUDENT ENROLLMENT AGREEMENT – PAGE 2

REGISTRATION FEE (Non-refundable)	\$ 75.00
TUITION	\$ 1,150.00
STUDENT & HOSPITAL MANUALS(Non-refundable)	\$ 100.00
CRIMINAL BACKGROUND CHECK (Non-refundable)	\$ 25.00
TOTAL COURSE PRICE	\$ 1,350.00

METHODS OF PAYMENT – VISA/MC – cardholder must be present in order to process this form of payment. CANNOT BE USED AS DEBIT.

OR

Cashiers' Checks or Money Orders ONLY accepted. The \$75.00 registration fee and \$25.00 background check fee must be paid at enrollment. The balance of \$1250.00) may be paid with one check or separate checks one for \$1,150.00 and one for \$100.00.

Payment can be made as follows:

- () Full payment at signing of enrollment agreement.
- () Registration fee and background check fee at signing of enrollment agreement, with balance paid prior to class starting date.

NOTE: All fees and tuition must be paid prior to class starting date.
FINANCIAL AID: Financial aid is not available.

All prices for the program are as printed herein. There are no carrying charges, interest charges or service charges connected with the programs.

Upon successful completion of the program, the school will council and assist each graduate with job placement; however the school does not guarantee employment. A Certificate of Completion will be issued to each student who successfully completes the program and satisfies all requirements.

GROUNDS FOR TERMINATION

I agree to comply with the rules and policies and understand that the School shall have the right to terminate this contract and my enrollment at any time for violation of rules and policies as outlined in the catalog. I understand that the School reserves the right to modify the rules and regulation, and that I will be advised of any and all modifications.

GRADUATION REQUIREMENTS

I understand that in order to graduate from the program and to receive a diploma, I must successfully complete the required number of scheduled clock hours as specified in the catalog and on the Student Enrollment Agreement, pass all written and practical examination with a 74% average and satisfy all financial obligations to the School.





Mark Curran
Fire Chief

RELEASE AND WAIVER

I _____, as a participant in the City of Coral Springs Emergency Medical Technician – Basic class beginning _____ agree to sign this Release and Waiver.

Accordingly, I agree to unconditionally release, waive, and discharge the City of Coral Springs, its Commission members, employees, agents, and servants, all hereafter referred to as “releasees,” from all claims and courses of action, that I, my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releasees. In addition, I agree to indemnify completely, the releasees against all claims, demands, and actions arising out of my actions or involvement with the City of Coral Springs.

I certify and warrant that I am in good health and physical condition and able to participate in all activities required by the EMT-B course. This includes classroom didactic and lab training, hospital clinical training, and field ride time training. Additionally, I agree to adhere to the applicable rules and regulations of the City of Coral Springs.

In addition, I authorize the City of Coral Springs Fire Department Training Academy to conduct a required Criminal Background Check. I understand and authorize the Training Academy to disclose this information to any and all clinical sites I may be involved with during my education at the Coral Springs Fire Department Training Academy. I understand and agree that I may be denied entry into the program, or removed from the program, due to an unacceptable criminal background, as determined by the City of Coral Springs, in their sole discretion.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on

_____, 20__.

By: _____

Signature

By: _____

Printed name of signator

I asked the Signator if he/she understood what is being signed.

Witness signature

Witness printed name

TRAINING AND PUBLIC EDUCATION DIVISION
Coral Springs Fire Academy

4180 NW 120 Ave • Coral Springs, FL 33065 • www.coral Springs fire academy.org
Phone 954-346-1774 • Fax 954-340-4351 or 954-340-4423



IMMUNIZATION INFORMATION FOR THE STUDENT

The Coral Springs Fire Department, EMT-B Program requires that all students be knowledgeable regarding their immunization status for the common childhood diseases of Measles, Mumps and Chickenpox. Students therefore, must have a blood test called a TITER, which indicates current immunization status.

A **positive titer test** indicates that you have either had the disease or have been vaccinated against it. In either case, **you have immunity** to that disease.

A **negative titer test** indicates that you **have no immunity** to that disease **and must be vaccinated against it**.

Required Titers

Rubeola Titer (Measles)

Positive: You have immunity
Negative: Vaccination required

Rubella Titer (German Measles)

Positive: You have immunity
Negative: Vaccination required

Varicella Titer (Chickenpox)

Positive: You have immunity
Negative: Vaccination required

Mumps

Positive: You have immunity
Negative: Vaccination required

- A. The varicella Titer and lab report are required for all students.
- B. Students who do not have positive rubeola, rubella and mumps titers indicating immunity, must have an MMR vaccine.
- C. Laboratory reports of the titers and/or documentation of the date of the MMR vaccine and the Varicella vaccine, if required, must be submitted in order for the medical history and physical examination form to be considered complete.
- D. Effective August 1993, vaccination for Hepatitis is required. A student who opts not to receive the hepatitis series will be required to sign a declination form, thereby indicating their refusal to obtain the vaccine.
- E. In order to confirm immunity, students are advised to have a hepatitis titer after receiving the full series of vaccine. Consult your physician for details.

TO THE PHYSICIAN / EXAMINER:

The information is required from each student entering the EMT program at the Coral Springs Fire Department. Your cooperation in completing this form is appreciated.

(A) Varicella Titer _____
date of titer & attach lab report

Required
titer is negative/low, student will need the varicella vaccine: **Date Given:** _____

(B) Rubeola Titer _____
date of titer & attach lab report

Required
titer is negative/low, student will need the vaccine: **Date Given:** _____

Rubella Titer _____
date of titer & attach lab report

Required
titer is negative/low, student will need the vaccine: **Date Given:** _____

Mumps Titer _____
Date of titer & attach lab report

Required
titer is negative/low, student will need the vaccine: **Date Given:** _____

OR

MMR VACCINE DATE: _____

Required
if NO TITER IS POSITIVE, student will need the vaccine: **Date Given:** _____

(C) Tetanus Toxoid Booster

Required within 10 years
Date Given: _____

(D) Hepatitis (3 doses Required)
Date 1 _____
Date 2 _____
Date 3 _____

Required
or student must
sign declination

OR
Student Declines at this time _____
Student's signature and date

In order to confirm immunity, students are advised to have Hepatitis Titer after receiving the full series of vaccine. Please advise this student on follow-up details.

(E) PPD* Date _____ ATTACH RESULTS

REQUIRED YEARLY

CHEST X-RAY* Date _____ ATTACH RESULTS

- A positive PPD must be followed by a Chest X-ray and results attached. Students who had a BCG Vaccine must have a Chest X-Ray done and a copy of the report attached to this form.

Provider Identification

Provider Name (please print): _____ Phone: _____

Address: _____
Street City State Zip

Signature of MD/DO/ARNP _____ Date: _____

License # _____

Examiner: Please examine this student as you would for a routine check-up. This student will be working closely with people in acute-care settings and in the community. Please indicate/comment on any abnormal findings; use additional sheets if necessary. **THANK YOU.**

HEIGHT: _____ **WEIGHT:** _____ **BLOOD PRESSURE:** _____

SYSTEM	NORMAL	FINDING	COMMENTS/PREVIOUS CONDITIONS/SURGERY
Eyes/Ears/Nose/Throat			
Endocrine/Metabolic			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Neurological			
Integumentary			

Can Student Participate in unlimited Physical activities in the clinical area? Yes No

Is Student now under treatment for any medical, surgical or emotional condition? Yes No

Is the student now taking any medications? Yes No

If yes, what do you recommend:

Does the student require any follow-up health supervision? Yes No

If yes, what do you recommend:

Provider Identification

Provider Name (please print): _____ Phone: _____

Address: _____
Street City State Zip

Signature of MD/DO/ARNP _____ Date: _____

License # _____



EMT-B CANDIDATES

IMPORTANT INFORMATION

You must bring the following items when submitting your applications:

- 1. Copy of your High School Diploma or GED**
- 2. Copy of your CPR card (if you have taken the course). The only acceptable CPR cards are:**
 - **American Heart Association – Healthcare Provider**
 - **American Red Cross – CPR for the Professional Rescuer**
 - **American Safety and Health Institute – CPR Pro**

The CPR card must be valid through the end of the EMT-B Course.
- 3. Copy of your Florida Drivers' License with your correct current address or Birth Certificate (proof of age)**
- 4. \$75 registration fee plus \$25 Background Check in the form of a Cashiers' Check/Money Order or Visa/Mastercard (in the name of the applicant)**