



FIRE DEPARTMENT  
CITY OF *CORAL SPRINGS* FLORIDA  
TRAINING AND PUBLIC EDUCATION DIVISION  
Coral Springs Fire Academy



## Emergency Medical Technician Class Application

Please type or print legibly.

Name: \_\_\_\_\_  
Last First MI Date of Birth

Home Address \_\_\_\_\_ City State Zip

Social Security Number<sup>1</sup> \_\_\_\_\_ Telephone Number (including area code) \_\_\_\_\_

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

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



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**STUDENT ENROLLMENT AGREEMENT**

**STUDENT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (ALTERNATE) \_\_\_\_\_

**PROGRAM INFORMATION**

PROGRAM TITLE: \_\_\_\_\_ EMT \_ BASIC \_\_\_\_\_ CLOCK HOURS: \_\_\_ 256 \_\_\_

CLASS SCHEDULE: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_

TIME TO PROGRAM COMPLETION: NIGHT CLASS SIX (6) 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 (3<sup>rd</sup>) business day, but before the first class, will result in a refund of all monies paid, with the exception of the registration fee.
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 Director, for insufficient progress, non-payment of costs, or failure to comply with rules.



**STUDENT ENROLLMENT AGREEMENT – PAGE 2**

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

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

**OR**

**Three separate Cashiers' Checks or Money Orders ONLY (one for \$75.00 one for \$25.00 and one for \$1250.00) made payable to Coral Springs Fire Department.**

- ( ) Full payment at signing of enrollment agreement.
- ( ) Registration 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.

**NOTICE TO STUDENT: DO NOT SIGN THIS CONTRACT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. YOU ARE ENTITLED TO AN EXACT COPY OF THE CONTRACT YOU SIGN. KEEP IT TO PROTECT YOUR LEGAL RIGHTS. I HAVE RECEIVED AND READ A COPY OF THIS BINDING AGREEMENT AND A SCHOOL CATALOG.**

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

\_\_\_\_\_  
 Parent/Guardian if Student is under 18 years of age \_\_\_\_\_  
 Date

ACCEPTED BY:

\_\_\_\_\_  
 School Official \_\_\_\_\_  
 Date



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**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 releases. In addition, I agree to indemnify completely, the releases 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



## 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 and rubella 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 \_\_\_\_\_ **Required**  
date of titer & attach lab report if titer is negative, student will need the varicella vaccine: **Date Given:** \_\_\_\_\_

(B) Rubeola Titer \_\_\_\_\_ **Required**  
date of titer & attach lab report if titer is negative, student will need the vaccine: **Date Given:** \_\_\_\_\_

Rubella Titer \_\_\_\_\_ **Required**  
date of titer & attach lab report if titer is negative, 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 \_\_\_\_\_ **Required**  
Date 2 \_\_\_\_\_ or student must  
Date 3 \_\_\_\_\_ 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 \_\_\_\_\_ **REQUIRED**  
ATTACH RESULTS 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 # \_\_\_\_\_





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**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 in the form of a Cashiers' Check/ Money Order or Visa/Mastercard(in the name of the applicant)