

# EMT Program or Paramedic Program Application

Daytona State College – Fall 2024

***Application Deadline is July 8, 2024***

## EMT Program

- Apply for admission to Daytona State College at [www.daytonastate.edu](http://www.daytonastate.edu)
- Student must be 18 years of age and have a standard high school diploma or GED

## Paramedic Program

- Apply for admission to Daytona State College at [www.daytonastate.edu](http://www.daytonastate.edu)
- Student must have a valid Florida EMT license before taking the final exam in Paramedic I

**EMT** (three sections/schedules to choose from)

Section 801 Day Class / 24 seats available / Lab 8:30 a.m. – 1:30 p.m. and Lecture 2:30 p.m. – 7:30 p.m.  
(Lab and lecture meets on the same day, every third day excluding weekends and holidays)

Section 802 Day Class / 24 seats available / Lecture 8:30 a.m. – 1:00 p.m., Lab 8:30 a.m. – 1:30 p.m.  
(Lecture and lab meets on separate days, 4 days a week excluding weekends and holidays)

Section 875 Night Class / 24 seats available / Lecture 6:00 p.m. – 10:30 p.m., Lab 6:00 p.m. – 10:30 p.m.  
(Lecture and lab meets on separate days, 4 evenings a week excluding weekends and holidays)

**OR**

**PARAMEDIC** (one section/schedule)

Volusia County Fire B-shift / 24 seats available

(Class meets on Volusia County Fire B-shift, excluding weekends and holidays)

Paramedic I – Fall 2024

Paramedic II and Paramedic Emergency Department Clinical – Spring 2025

Paramedic III and Paramedic Field and Specialty Clinical – Summer 2025

Paramedic Internship – Fall 2025

**\*\*EMT and Paramedic sections must have a minimum of 18 students – sections with less than 18 students will be cancelled. Students will be notified and student applications will be moved to another Fall 2024 section if seats are available, or will be moved to the Spring 2025 semester.**

**Completed applications can be submitted Monday – Friday, 10 AM to 5 PM, at:**

**Daytona State College – ATC Campus**

**EMS Department – Teresa Campbell, Room 124C**

**1770 N. Technology Boulevard, Daytona Beach, FL 32117**

Students will be notified by email when their application has been approved. Students that submit complete applications after available seats for the Fall 2024 semester have been filled will be moved to the Spring 2025 semester.

Questions? Contact Teresa Campbell at [Teresa.Campbell@DaytonaState.edu](mailto:Teresa.Campbell@DaytonaState.edu) or (386) 506-4122.

## Documents/Processes required to be submitted/completed as the Fall 2024 Program Application

- Student applied for admission to DSC, has been accepted, has been issued a DSC student ID# and student email
- Student applied for Re-admission to DSC if they haven't taken classes in the past two major semesters, have been accepted, DSC student ID# and email have been re-activated
- Fall 2024 Program Application Pages 1a/1b – FA24 through Page 12 – FA24
- Copy of driver's license
- Copy of standard high school diploma or unofficial high school transcripts or GED
- Paramedic Program Applicants ONLY – Copy of valid Florida EMT license (if applicable)
- Copy of DD214 (Member 4) if applicable
- Receipt proving completion of fingerprinting (see Castlebranch directions page between Pages 8 and 9)
- Receipt proving completion of drug screen (see Castlebranch directions page between Pages 8 and 9)
- Immunizations\* uploaded and approved in Castlebranch
- Copy of current AHA BLS for the HealthCare Provider card (CPR – see Page 13 – FA24)

*Please Note: Only completed applications that include all documents/processes listed above will be accepted. Students will be notified by email of the next steps in the application process.*

\*Immunization records are listed on high school transcripts for public high schools in Florida. If your high school transcripts are at DSC, contact Teresa Campbell and a copy will be printed for you.

\*Immunization records can be requested at the Volusia County Health Department:

1845 Holsonback Drive  
Daytona Beach, FL 32117  
(386) 274-0500

**Daytona State College pledges nondiscrimination, equal access, equal educational opportunity, and equal employment opportunity to all persons regardless of race, ethnicity, religion, natural origin, age, gender, disability, marital status, ancestry, or political affiliation.**

**Our pledge covers recruitment, admission, registration, financial assistance, counseling, advising, course offerings, extracurricular programs, facilities, health services, athletics, employment and its privileges and benefits. For more information about the College's equal access and equal opportunity policies, procedures, and practices, call the Director of Institutional Equity at (386) 506-3916.**

# EMS1119C/EMS1431 – Emergency Medical Technician (EMT)

## Memorandum of Understanding

As a student of EMS1119C Emergency Medical Technician Lecture/Lab and EMS1431 Emergency Medical Technician Clinical, I understand the following requirements that are directly related to my successful completion of the program application and advancement throughout the EMT program:

1. I will complete a Level 2 Background Check, all vaccinations required by the program affiliates, and a drug test by the deadline date listed in this application.
2. I understand that if I am not compliant with the aforementioned non-negotiable requirements by the deadline date listed in this application, I will not be eligible for enrollment into EMS1119C/EMS1431. Upon completion of those items in the future, I may be eligible to enroll into future semesters.
3. I understand I may be given the opportunity to sign exemption forms regarding some vaccination requirements in lieu of taking a vaccination and that if those exemption forms are denied by the affiliate sites, I will not be able to continue in the EMT program and it may be necessary to file for a withdrawal from the program. I understand that only tuition is assumed to be refundable under very specific conditions and supplies/uniform costs are not refundable. Any requirement deemed as mandatory by a clinical affiliate is required to complete the EMT program.
4. I understand that I am required to achieve and maintain current AHA Basic Life Support for Healthcare Provider (CPR) certification for the duration of the EMT program. Proof of certification is required by the deadline date listed in this application.
5. I understand by enrolling for this program, I am agreeing to adhere to all program policies, Statutes/Rules, and Daytona State College policies and I understand that it is my responsibility to read, make myself aware, understand, and practice these standards throughout my enrollment in the EMT program. Choosing not to follow any policies or requirements may result in my removal from the program and forfeiture of some or all of the tuition, fees, and expenses associated with my enrollment in the EMT program.

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Student Name (please print)

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Signature of Applicant

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Date

# EMS2603C - Paramedic I

## Memorandum of Understanding

As a student of EMS2603C Paramedic I, I understand the following requirements that are directly related to my successful completion of the program application and advancement throughout the Paramedic program:

1. I must obtain State of Florida EMT certification prior to the completion of Paramedic I/Phase I of my Paramedic training, FS 401.2701(b)(2).
2. I must maintain State of Florida EMT certification in "Good Standing" for the duration of the program.
3. I will complete a Level 2 Background Check and all vaccinations required by the program affiliates by the deadline date listed in this application.
4. I understand that if I am not compliant with the aforementioned non-negotiable requirements by the deadline date listed in this application, I will not be eligible for enrollment into EMS2603C Paramedic I. Upon completion of those items in the future, I may be eligible to enroll into future semesters.
5. I understand I may be given the opportunity to sign exemption forms regarding some vaccination requirements in lieu of taking a vaccination and that if those exemption forms are denied by the affiliate sites, I will not be able to continue in the Paramedic program and it may be necessary to file for a withdraw from the program. I understand that only tuition is assumed to be refundable under very specific conditions and supplies/uniform costs are not refundable. Any requirement deemed as mandatory by an affiliate is required to complete the Paramedic program.
6. I understand that I am required to achieve and maintain a current AHA BLS for Healthcare Provider (CPR) certification, a Tetanus vaccination, and a Tuberculosis test for the duration of the program. Proof of these is required by the deadline date listed in this application.
7. I understand by enrolling for this program, I am agreeing to adhere to all program policies, Statutes/Rules, and Daytona State College policies and I understand that it is my responsibility to read, make myself aware, understand, and practice these standards throughout my enrollment in the Paramedic program. Choosing not to follow any policies or requirements may result in my removal from the program and forfeiture of some or all of the tuition, fees, and expenses associated with my enrollment in the Paramedic program.

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Student Name (please print)

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Signature of Applicant

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Date



Date: \_\_\_\_\_

*Please Print*

Last Name	First Name	Middle Initial
DSC Student ID#	SS# (last 4 digits ONLY)	Date of Birth

*Please select the program below that you would like to attend in Fall 2024:*

### Emergency Medical Technician

- 801 Day Program     
  802 Day Program     
  875 Night Program

### Paramedic

- Volusia County Fire B-Shift Schedule

For Paramedic, do you have a valid and current State of Florida EMT certification?  Yes  No

**If yes**, please submit a copy with your completed application.

**If no**, you must possess a valid and current State of Florida EMT certification before taking the final examination for Paramedic I or you will be removed from the Paramedic program.

**Please initial that you understand and agree to this policy.** \_\_\_\_\_ *(student initials here)*

## Student Information

Mailing Address: Number and Street	City
State	Zip Code
Telephone: Home	Cell
DSC Email – <i>Will be used for all communication during the program</i>	DSC ID#

Do you possess a valid driver's license?  Yes  No

**If yes**, please submit a copy with your completed application.

Do you possess a standard high school diploma or GED?  Yes  No

**If yes**, please submit a copy with your completed application. If these documents were already submitted to DSC when you applied for admission, the department secretary will print a copy from your DSC Student Documents electronic file.

Please initial if you would like them printed for your application. \_\_\_\_\_ (*student initials here*)

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*If you do not possess a standard high school diploma or GED, please contact the EMS Department at [Teresa.Campbell@DaytonaState.edu](mailto:Teresa.Campbell@DaytonaState.edu) or at 386-506-4122 before completing the rest of the application.*

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## Emergency Contact

Emergency Contact: Name	Relationship	Phone Number
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## Employment Verification and Military Status

**Are you currently employed by an Emergency Medical Services, Fire, Law Enforcement, or Public Safety agency for whom you are taking this training?**

Yes  No

**If yes, please provide the agency contact information:**

Employing Agency

Contact Person

Telephone Number

**Are you currently a volunteer with an Emergency Medical Services, Fire, Law Enforcement, or Public Safety agency?**

Yes  No

**If yes, please provide the agency contact information:**

Volunteer Agency

Contact Person

Telephone Number

**Are you a United States Veteran?**

Yes  No

**If yes, please submit a copy of your DD214 (Member 4) with your completed application.**

**Are you Active-Duty Military or Active Reserve?**

Yes  No

## Criminal History

All applicants are required to complete a Level 2 background check and a 10-panel drug screen prior to being accepted to a DSC EMS program. For information on charges not accepted by the DSC EMS Department, please review Florida State Statutes 435.03, 435.04, and 741.28 - 741.31.

If you answer YES to any of the following questions, please write an explanation on the lines provided. You may need to provide copies of the arrest report(s) and/or final disposition(s) if asked by the EMS department staff. The questions pertain to arrest history for civilian AND military records.

- Have you ever been arrested for a felony charge?  Yes  No
- Have you ever been arrested for a misdemeanor charge?  Yes  No
- Have you ever been arrested for a drug or alcohol violation?  Yes  No
- Have you ever been convicted of any charge(s)?  Yes  No
- Do you have any pending and/or ongoing legal action related to a charge?  Yes  No
- Have you ever been issued a Notice to Appear?  Yes  No

For each "yes" you answered to the questions above, please explain/describe:

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***Please Note: If you have any pending legal action related to a charge, you are not eligible to apply to a DSC EMS program until the case has been settled and the disposition has been posted.***

Any arrest that occurs during a DSC EMS program **must** be reported to the EMS Department Assistant Chair. Arrests/convictions during a DSC EMS program may disqualify the student from participation in the required clinical rotations due to clinical affiliate liability issues. The inability of a student to complete clinical rotations will prevent the student from completing the required course requirements, and the student will be removed from the program. The clinical affiliates have the right to refuse an applicant/current student at any point before or during the program for any arrest or offense regardless of conviction.

**I have read the Criminal History information listed on this page, and I understand the statements listed:**

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Student Name (please print)

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Signature of Applicant

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Date



## List of Excluded Individuals/Entities (LEIE)

The Office of the Inspector General (OIG) publishes a List of Excluded Individuals/Entities (LEIE) which provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid, and all other Federal health care programs. Applicants for the EMT program and/or the Paramedic program will be compared against the LEIE database. Any applicant that is on the LEIE list IS NOT PERMITTED TO ATTEND EMT AND/OR PARAMEDIC PROGRAMS AT DSC.

**I have read and understand the above statement.** \_\_\_\_\_ *(student initials here)*

Florida Statute Section 435.04 Level 2 Screening Standards, states in pertinent part as follows: No persons subject to the provisions of this section have been arrested for and are awaiting final disposition of, have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any office prohibited under any of the following provisions of state law or similar law of another jurisdiction:

- a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- d) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- e) Section 782.04, relating to murder.
- f) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- g) Section 782.071, relating to vehicular homicide.
- h) Section 782.09, relating to killing of an unborn child by injury to the mother.
- i) Section 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- j) Section 784.011, relating to assault, if the victim of the offense was a minor.
- k) Section 784.03, relating to battery, if the victim of the offense was a minor.
- l) Section 787.01, related to kidnapping.
- m) Section 787.02, relating to false imprisonment.
- n) Section 787.025, relating to luring or enticing a child.
- o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- p) Section 787.04(2), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering a child to the designated person.
- q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- r) Section 790.115(2) (b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- s) Section 794.111, relating to sexual battery.
- t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- u) Section 794.05, relating to unlawful sexual activity with certain minors.
- v) Chapter 796, relating to prostitution.
- w) Section 798.02, relating to lewd and lascivious behavior.
- x) Chapter 800, relating to lewdness and indecent exposure.
- y) Section 806.01, relating to arson.
- z) Section 810.02, relating to burglary.
- aa) Section 810.145, relating to voyeurism, if the offense is a felony.
- bb) Section 810.145, relating to video voyeurism, if the offense is a felony.

- cc) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- dd) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- ee) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- ff) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- gg) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- hh) Section 826.04, relating to incest.
- ii) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- jj) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- kk) Former s. 827.05, relating to negligent treatment of children.
- ll) Section 827.071, relating to sexual performance by a child.
- mm) Section 843.01, relating to resisting arrest with violence.
- nn) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- oo) Section 843.12, relating to aiding in an escape.
- pp) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.
- qq) Chapter 847, relating to obscene literature.
- rr) Section 874.05, relating to encouraging or recruiting another to join a criminal gang.
- ss) 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.
- tt) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- uu) Section 944.35 (3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- vv) Section 944.40, relating to escape.
- ww) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- xx) Section 944.47, relating to introduction of contraband into a correctional facility.
- yy) Section 985.701, relating to sexual misconduct in juvenile justice programs.
- zz) Section 985.711, relating to contraband introduced into detention facilities. 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).

(3) The security background investigations under this section must ensure that no person subject to this section has been arrested for and is awaiting final disposition of, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

## Halifax Health

Level 2 Background Screening – Students participating in Placement must meet the Level 2 screening standards set forth in Florida Statute 435.04, including no record of the prohibited offenses set forth in 435.04 (2) and (3), as evidenced by a Level 2 Background Screening with Fingerprints performed within the 12 months preceding Placement at a Halifax facility.

### Additional Required Criteria for Each Student

In addition to meeting the Level 2 screening standards, each student must also meet the Additional Required Criteria, as evidenced by a background check performed by an approved vendor within the 12 months preceding their placement participation, or through the production to Halifax Health of original source documentation confirming the following:

- No felony convictions (ever) in any state (or pleas of nolo contendere or “no contest”) related to: healthcare fraud or abuse; unlawful possession or distribution of illegal substances or firearms; or aggravated assault
- In the past 5 years, no misdemeanor convictions in any state (or pleas of nolo contendere) related to: healthcare fraud or abuse; possession or distribution of illegal substances or firearms; or aggravated assault
- Social security verification or proof of current visa and eligibility to work in the United States for the duration of placement
- Nationwide Sexual Offender & Predator Registry – confirm no listing for student
- Confirm student is not an Excluded Provider as determined by the federal government: Office of Inspector General (OIG) – List of Excluded Individuals/Entities ([https://oig.hhs.gov/exclusions/exclusions\\_list.asp](https://oig.hhs.gov/exclusions/exclusions_list.asp))
- General Services Administration (GSA) – Excluded Parties List (<https://www.sam.gov/portal/SAM/#1>)
- Applicable Licensure Board – for all students, if applicable – confirm active license in good standing with no restrictions and no current disciplinary action



Florida Department of Law Enforcement  
Criminal Justice Information Services Division/User Services Bureau

**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 Daytona State College 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 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 chose. 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 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 checks 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**    **Contractor/Vendor**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

**TO BE COMPLETED BY THE QUALIFIED ENTITY:**

Entity Name: **Daytona State College**

Address: **1200 West International Speedway Boulevard, Daytona Beach, FL 32120**

Telephone: **(386) 506-3496** Fax: **(386) 506-4482**

FDLE Assigned Qualified Entity Number: **E64020003**

ORIGINAL – MUST BE RETAINED BY QUALIFIED ENTITY. COPY – SEND TO FDLE WITH FINGERPRINT CARD.



**The Family Educational Rights and Privacy Act (FERPA)**, also known as the BUCKLEY ACT, is a federal law regarding the privacy of student records and the access to these records. As a student attending Daytona State College’s Charles M. Curb School of Emergency Services Florida Law Enforcement Academy, Correctional Officer Recruit Academy, EMT/Paramedic Program, Fire Fighter Program, In-service, Advanced or Specialized Training, to gain or maintain certification, I recognize that certain records that pertain to me are being developed and maintained which may fall under the protections of FERPA.

**I also understand** that there may be some potential need for these records to be released to current employers, potential employers, FDLE Criminal Justice Standards and Training Representatives, Bureau of EMS, Bureau of Fire Standards or in any other entity that the authorized staff of the Charles M. Curb School of Emergency Services deems it appropriate to release my records.

These records would include, but are not limited to:

- Attendance/enrollment
- Grades/transcripts
- Student proficiency or test scores
- Student conduct/discipline

I understand and agree, that by signing this document, I am agreeing to allow Daytona State College’s Charles M. Curb School of Emergency Services to release any and all of my student records or above information to any employing or any prospective employing agency for the purpose of audit, certification, determining my current employment status, or in determining my prospective suitability for employment.

**Furthermore**, I agree to hold harmless Daytona State College’s Charles M. Curb School of Emergency Services and all members of their respective staffs from any and all liability arising from the release of my student records.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Attested to this date before:

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



Daytona State College – EMS has partnered with CastleBranch, a background check and compliance management company to provide you a secure account to manage your time-sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.

Drug tests and fingerprinting must be completed through CastleBranch – no others will be accepted.

After your drug test appointment, the drug test results will post on your CastleBranch account, and a copy will be printed for your application. After your fingerprinting appointment, the FDLE report will be sent electronically to DSC, and a copy will be printed for your application. Submit receipts for the drug test and fingerprinting with your completed application.

**EMT PROGRAM APPLICANTS** – the two packages you choose from are:

**Package Code DB36: Drug Test – Fingerprinting – Medical Document Manager**

*This package is for students that have never purchased a CastleBranch package for a Daytona State College EMS program from 2018 to present.*

**OR**

**Package Code DB36re: Drug Test – Fingerprinting**

*This package is for students that have purchased a CastleBranch package for a Daytona State College EMT and/or Paramedic program from 2018 to present. These students will already have Medical Document Manager and will only need to update their drug test and fingerprinting.*

**PARAMEDIC PROGRAM APPLICANTS – PLEASE CALL TERESA CAMPBELL 386-506-4122 BEFORE PURCHASING A PACKAGE. THE CASTLEBRANCH REQUIREMENTS FOR THE PARAMEDIC PROGRAM ARE NOT THE SAME AS THE EMT PROGRAM REQUIREMENTS.**

**Order Instructions for Daytona State College – EMT program applicants only:**

1. Go to [discover.castlebranch.com](https://discover.castlebranch.com)
2. In the upper right corner, click PLACE ORDER
3. In the Package Code: box, type in one of the following:
  - DB36 (will include Drug Test, Fingerprinting, & Medical Document Manager – Cost: \$134.25)
  - OR
  - DB36re (will include Drug Test & Fingerprinting – Cost: \$96.25)

Your payment options include Visa, Mastercard, Discover, Debit, electronic check, and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

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*CastleBranch Service Desk – 888-723-4263 or <https://mycb.castlebranch.com/help>*

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Daytona State College  
 Emergency Medical Technician Program and/or Paramedic Program  
 Physical Examination

All sections of the report must be completed, and the form must be signed and dated.

Personal Information

Name: Last	First	Middle
Age	Height	Weight

Vision

Uncorrected Right: 20/\_\_\_\_\_ Left: 20/\_\_\_\_\_  
 Corrected Right: 20/\_\_\_\_\_ Left: 20/\_\_\_\_\_  
 Color Perception \_\_\_\_\_

Hearing

Right: 20/\_\_\_\_\_ Left: 20/\_\_\_\_\_

Vital Signs

Respiratory Rate \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Resting Heart Rate \_\_\_\_\_ 3-Minute Step Test at 98 steps/minute. Heart rate after exertion (Step Test) \_\_\_\_\_

Clinical Evaluation

Clinical Evaluation	Normal	Abnormal	Describe in this space as needed.
Head, face, scalp	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	<input type="checkbox"/>	
Nose	<input type="checkbox"/>	<input type="checkbox"/>	
Mouth/Throat	<input type="checkbox"/>	<input type="checkbox"/>	
Chest/Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Neck/Back	<input type="checkbox"/>	<input type="checkbox"/>	
Vascular System	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	

# Immunizations

All immunizations MUST BE CURRENT throughout the EMT and/or Paramedic program(s).

## Tetanus Booster

Injection Date	
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Not exceeding 10 years from first day of program.

## Hepatitis B Series

1 <sup>st</sup> Injection Date		2 <sup>nd</sup> Injection Date	
3 <sup>rd</sup> Injection Date			

A positive antibody titer is also accepted.

## Tuberculosis

Injection Date		Result	
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Must be within one year from the first day of program; if result is positive, chest x-ray report must be attached to this page. QuantiFeron Gold blood test with negative result is also accepted – lab paperwork must be attached to this page.

## MMR (Measles, Mumps, Rubella)

1 <sup>st</sup> Injection Date		2 <sup>nd</sup> Injection Date	
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If born 1957 or later, two doses of vaccine four weeks apart. A positive antibody titer is also accepted.

## Varicella (Chickenpox)

1 <sup>st</sup> Injection Date		2 <sup>nd</sup> Injection Date	
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Two doses of vaccine given at least 28 days apart. A positive antibody titer is also accepted.

## Flu

Do not get a flu shot at this time. Information on flu shots will be discussed after the Fall 2024 semester begins. This line will be listed as INCOMPLETE in Castlebranch. This will not affect your program acceptance.

\*COVID-19 is no longer a program requirement. If you have the first shot(s), you can upload them. If you do not have the first shot(s), this line will be listed as INCOMPLETE in Castlebranch. This will not affect your program acceptance.

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 below on any specific health problem which might interfere with the clinical activities, such as back or neck injuries, allergies, significant medical history, etc. Please comment below of any prescribed medications which may interfere with alertness or reflexes.

This certifies that on this date, \_\_\_\_\_, I examined \_\_\_\_\_ and found him/her to be in \_\_\_\_\_ physical condition. In my professional opinion, this student is physically and mentally healthy enough to participate in the EMT and/or Paramedic program at Daytona State College.

Examining Physician Name	License #
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## Office Stamp:



## Statements of Understanding

1. I understand that the Daytona State College EMS program is an intensive academic program, involving lecture classes and lab classes on a demanding schedule, in addition to required clinical rotations. I have read and understand these requirements as outlined.

\_\_\_\_\_ (*student initials here*)

2. I understand that attendance is required at all lecture classes, lab classes, and clinical rotations, and that there are no unexcused absences.

\_\_\_\_\_ (*student initials here*)

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

\_\_\_\_\_ (*student initials here*)

4. I understand that there are minimum passing scores that must be met in all DSC EMS programs. These will be explained to me in detail during the first week of class.

\_\_\_\_\_ (*student initials here*)

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

\_\_\_\_\_ (*student initials here*)

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

\_\_\_\_\_ (*student initials here*)

7. I understand that I may be exposed to communicable diseases and/or bloodborne pathogens during clinical rotations.

\_\_\_\_\_ (*student initials here*)

8. I understand that I must complete a criminal background check and a drug screen as part of the application processes. If the results of my background and/or drug screen are not acceptable to the DSC EMS program clinical affiliates, I will be dismissed from the DSC EMS program that I am attending.

\_\_\_\_\_ (*student initials here*)

9. I understand that relationships between students and DSC EMS department staff or instructors are strictly prohibited.

\_\_\_\_\_ (*student initials here*)

# Personal Character Statement

**Please complete this form in front of a Notary Public.**

In accordance with the qualifications for certification as an Emergency Medical Technician or as a Paramedic as set forth in Chapter 401, Florida Statute, I (student) \_\_\_\_\_,

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 as a Paramedic.

\_\_\_\_\_ (student initials here)

- 2. I am free from addiction to alcohol, or any controlled substance(s) and I understand I will submit to a 10-panel drug screen prior to acceptance into a DSC EMS program.

\_\_\_\_\_ (student initials here)

- 3. I understand that I will submit to an FDLE and NCIC criminal background check prior to acceptance into a DSC EMS program and I have reviewed the Level 2 screening standards for exclusions.

\_\_\_\_\_ (student initials here)

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

\_\_\_\_\_ (student initials here)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Personally Known **OR**

ID Provided: \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

PLEASE AFFIX SEAL ABOVE



## **AHA BASIC LIFE SUPPORT FOR THE HEALTHCARE PROVIDER COURSE (CPR)**

All DSC EMS students must have a current AHA BLS for the Healthcare Provider card for the entire length of their program. A copy of the card must be submitted with the Fall 2024 program application. Information on available AHA BLS classes can be found at:

[www.campusce.net/iemse](http://www.campusce.net/iemse)

Go under the American Heart Association tab. Look for the Basic Life Support Classes.

Choose the date you are interested in. Add to cart. Follow all the rest of the online instructions.

If you have any problems, please contact the staff members listed below and they will help walk you through the process.

### Contact Information:

Michele Macklefresh, Coordinator  
DSC Institute for EMS Education (IEMSE)  
386-506-3298 Office  
386-506-4367 Fax  
DSC Daytona Beach Campus – Bldg. 320, Rm. 022 (Basement)  
[Michele.Macklefresh@DaytonaState.edu](mailto:Michele.Macklefresh@DaytonaState.edu)



Jenny Bridger, Senior Staff Assistant  
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