



CAMSEN CAREER INSTITUTE

Emergency Medical Programs

EMT/Paramedic Program Application Packet

Student Name (Print)

Student Number (last 4 ssn)

The information in this 8 - page packet **must** be completed to be considered an applicant for the EMT or Paramedic program at Camsen Career Institute. It is the applicant's responsibility to **provide all necessary documentation** for each of the required content areas. Please be sure to follow the instructions provided to ensure the submission of a complete application packet. **STUDENTS MUST MAKE AN EXTRA COPY OF THE STUDENT HEALTH RECORD AND ALL LAB TEST RESULTS AND SUBMIT IT WITH THE COMPLETED APPLICATION PACKET.**

INSTRUCTIONS

1. EMT/Paramedic Program Application: (Page 2)

- a. Print your name, student number, and email address in the space provided
- b. Under **class preference** section, indicate which paramedic program you are applying to by placing an "X" in the box next to the program.
- c. Under the **REQUIRED ITEMS/INFORMATION** section, provide the following information/documentation:
 1. **If applying for Paramedic**, Provide a copy of your current State of Florida EMT certification. (Individuals are eligible to submit the paramedic application packet without having a current EMT certification. However, this certification must be in place prior to the end of **Phase I**. Phase I is defined as first day of class until the midterm exam.
 2. Provide a copy of your current CPR Certification (BLS for Health Care Providers or equivalent)
 3. Must be in good physical condition (Student Health Record – see instructions under Student Health Record)
 4. Provide copy or proof of required vaccination history - see page 2 of this application.
 5. Provide a copy of your current personal medical insurance card. Students are permitted to sign a waiver of financial responsibility in lieu of the medical insurance card.
 6. Provide a copy of the successful completion of the required criminal background check and drug screen. – see instructions under criminal background check
 7. Provide documentation of proof of US Citizen.
 8. Provide documentation of High School Diploma or equivalent. (If enrolling in the program prior to 18, must have parental/legal guarding consent)

2. Student Health Record: (Pages 3 – 6) AN EXTRA COPY OF THE STUDENT HEALTH RECORD MUST BE SUBMITTED WITH THE PACKET AT THE TIME OF SUBMISSION.

All students participating in a medically related program offered through Camsen Career Institute must complete the **Student Health Record**. To be considered a complete Student Health Record, the application must provide the following:

- a. Documentation of immunizations from a physician and/or clinic patient record or actual lab results of the required titers
- b. Actual laboratory results of the 10-panel drug screen test
- c. Physician and/or clinic patient records of TB skin Test (chest x-ray results are only accepted in lieu of the TB skin test if there is a history of a positive skin test).
- d. Documentation of initiation or completion of the Hepatitis B Vaccine series or titer results. (Declination may be signed)
- e. Signature of the individual performing the examination of the application confirming the test results and the applicant's ability to meet the Physical Demands of the program. (Physician or clinic business card must be attached to the first page of the Student Health Record.

3. Criminal Background Check: (Pages 7 – 8)

All students participating in a medically related program offered through Camsen Career Institute must complete the **Criminal Background Check** process. **Students must follow the process identified on page 7 of this application packet and complete the required form on page 8. Results of background check will be automatically sent to Camsen Career Institute and the applicant. This application will remain pending until results are complete.**

COMPLETED APPLICATION PACKETS ARE TO BE SUBMITTED TO THE STUDENT SERVICES DEPARTMENT LOCATED AT **4401 SALISBURY RD, SUITE 300, JACKSONVILLE, FL 32216.**



CAMSEN CAREER INSTITUTE

Emergency Medical Programs

EMT/Paramedic Program Application Packet

Student Name (Print) _____

Student Number _____

Email address: _____

PROGRAM AND SCHEDULE PREFERENCE:

<i>PARAMEDIC SCHEDULES (Select One)</i>		<i>EMT SCHEDULES (Select one)</i>	
	Jan 5th (B - Shift Schedule)		Jan 11th Days (Mon/Wed/Fri 9a-1p)
	Jan 17/18 Tues/Wed (One Day a Week Schedule)		Jan 25th Nights (Mon/Wed/Thur 6p-10p)
	April 10th (A - Shift Schedule)		May 3rd Days (Mon/Wed/Fri 9a-1p)
	July 11th (C- Shift Schedule)		May 31st Nights (Mon/Wed/Thur 6p-10p)
	July 26/27 Mon/Tue (One Day a Week Schedule)		Aug 16th Days (Mon/Wed/Fri 9a-1p)
	Oct 4th (B - Shift Schedule)		Sept 6th Nights (Mon/Wed/Thur 6p-10p)

APPLICATION REQUIREMENTS

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THE APPLICATION TO BE ACCEPTED AND/OR REGISTERED FOR THE CLASSES ASSOCIATED WITH THE EMS PROGRAM. IT IS THE STUDENT'S RESPONSIBILITY TO PROVIDE ALL COPIES OF REQUIRED INFORMATION, HEALTH DOCUMENTATION, DRUG SCREEN AND CRIMINAL BACKGROUND VERIFICATION.

REQUIRED ITEMS/INFORMATION

	COPY OF A CURRENT FLORIDA EMT CERTIFICATION
	COPY OF CURRENT CPR CERTIFICATION, BLS FOR HEALTH CARE PROVIDERS
	COMPLETED STUDENT HEALTH RECORD FORM (must include:) (with extra copy of form and test results)
	Documentation of Influenza Shot and Hepatitis B Vaccine Series
	Documentation of titer results for Varicella, Mumps, Rubella, and Rubeola
	Documentation of a 10 panel drug screen test
	Documentation of TB skin test [performed within the last three (3) months]
	Signature of the health care examiner
	COPY OF PERSONAL MEDICAL INSURANCE CARD
	COMPLETION OF THE CRIMINAL BACKGROUND CHECK FROM THE DESIGNATED BACKGROUND CHECK PROVIDER. <i>*Student must submit a copy of the email verification of successful completion of the criminal background if within 2 weeks of program starting.</i>
	PROOF OF US CITIZENSHIP (Copy of Social Security Card)
	COPY OF VALID DRIVERS LICENSE

(STAFF USE ONLY) Date Received: _____ Initials: _____



Camsen Career Institute

EMS Programs

Student Health Record Form

Name: _____ Student Number: _____
Last First Middle Initial

I understand that student health information is protected and confidential under State of Florida and federal laws. I voluntarily provide, and consent to my medical provider or physician providing, the medical information contained in this document to Camsen Career Institute and health care facilities that I am assigned to as part of Camsen Career Institute's EMS program requirements. I also understand that all requested Student Health Record information is a prerequisite to enrollment in the clinical training of any EMS program. Failure to complete this record will prevent my participation in the clinical training. The student and Health Care Examiner (MD, DO, PA, ARNP) must sign in the appropriate spaces provided on the form. **Documentation of all titers, skin testing, and x-rays must be attached to the student health record.**

SECTION 1: PERSONAL INFORMATION

All areas of this section must be completed. This information will be kept on file and used in the event that the student must be contacted or an emergency contact is required.

SECTION 2: REQUIRED INFLUENZA INJECTION (FLU SHOT)

Students participating in a clinical rotation must receive the influenza injection. Students that cannot participate in the influenza injection process as a result of a medical condition or refuse to participate in the influenza injection may be required to participate in additional measures established by a clinical site. Additionally, it may jeopardize the student's ability to participate in the clinical portion of the Instprogram. It is highly recommended that all students receive the influenza injection.

SECTION 3: REQUIRED TITERS/TESTS

- A. Varicella (Chicken Pox):** A Varicella Titer must be drawn and **the results attached. If records of Varicella Vaccine are not available then documentation of this titer is required.** The date of the titer and results must be indicated in the appropriate area. **(INDICATING THE DISEASE PROCESS OR IMMUNIZATION DATES IS NOT ACCEPTABLE FOR DOCUMENTATION IN THIS AREA).**
- B. Mumps, Rubeola (Measles), and Rubella (German Measles):** A Mumps, Rubeola, and Rubella Titer must be drawn and **the results attached. If vaccines history or records of the MMR (Mumps, Measles, Rubella) Vaccine are not available then documentation of the titer is required.** The dates of the titers and the results must be indicated in the appropriate area. **(INDICATING THE DISEASE PROCESS OR IMMUNIZATION DATES IS NOT ACCEPTABLE FOR DOCUMENTATION IN THIS AREA).**
- C. TB Skin Test:** Tuberculosis/TB Skin Tests are required. The TB Skin tests must be read within 48-72 hours. **The dates and results of the TB Skin Test must be attached.** The Skin Test must have been performed within the last three (3) months to be considered a recent test. **In the event the results indicate a positive skin test or the student has a history of a positive TB skin test, a chest x-ray is required.**

Chest X-ray: A recent Chest x-ray is required if a positive TB skin Test is reported or there is a history of a positive TB Skin Test. The chest x-ray must have been completed within the last three (3) months to be considered current. **Results must be attached.**

SECTION 4: HEPATITIS B VACCINE

Students must provide documentation of the initiation or completion of the Hepatitis B vaccine series at the time of application. It is highly recommended that the student complete the series while enrolled in the program. Further information of the Hepatitis B Vaccine is provided on the **Student Health Record Form** on pages 3. **A record of the Hepatitis B Vaccine or antibody test results must be attached if not declined.**

SECTION 5: STUDENT'S STATEMENT

Student must read and sign this statement on page 3 of the Student Health Record

SECTION 6: EXAMINER'S STATEMENT

The Health Care Examiner (MD, DO, PA, and ARNP) must read, sign, and confirm that the student can meet the Physical Demands associated with the program in the Examiner's Statement Area on page 4 of the Student Health Record.

Please Place Health Care Provider Office Stamp or Attach Business Card Here (Required):

SECTION 1: PERSONAL INFORMATION

Address		Apt.#	E-mail address
City	State	Zip Code	Gender: M ____ F ____
Date of Birth	Home Telephone Number		Cellular Phone Number
Person to Notify in Emergency		Relationship	Contact Telephone Number

SECTION 2: INFLUENZA INJECTION

Date of injection: _____

I understand that if I cannot participate in the influenza injection process as a result of a medical condition or refuse to participate in the influenza injection, I may be required to participate in additional measures established by a clinical site. Additionally, it may jeopardize my ability to participate in the clinical portion of EMS Programs at Camsen Career Institute.

STUDENT SIGNATURE: _____ **DATE:** _____

SECTION 3: REQUIRED TITERS/TESTS

Parts A and B: THESE BOXES ARE TO BE COMPLETED BY AUTHORIZED MEDICAL PERSONNEL ONLY

A. REQUIRED TITERS: (Documentation must be attached, required if vaccine medical records not available)

A Varicella, Mumps, Rubeola (Measles), and Rubella (German Measles) Titer must be drawn and the results attached. The dates of the titers and the results must be indicated in the appropriate area below. ***(INDICATING THE DISEASE PROCESS OR IMMUNIZATION DATES IS NOT ACCEPTABLE FOR DOCUMENTATION IN THIS AREA).***

TITER (if record of vaccines not available)	DATE	LAB RESULTS (Documentation must be attached) (Numerical Value of Results Must Be Reported Below)
Varicella Titer	____/____/____ Month Day Year	
Mumps Titer	____/____/____ Month Day Year	
Rubeola (Measles) Titer	____/____/____ Month Day Year	
Rubella (German Measles) Titer	____/____/____ Month Day Year	

B. TB SKIN TEST/CHEST X-RAY

Tuberculosis/TB Skin Tests are required. ***The TB Skin test must be read within 48 -72 hrs.*** The date and results of the TB Skin Test must be attached. The Skin Test must have been performed ***within the last three (3) months*** to be considered a recent test. **In the event the results indicate a positive skin test or the student has a history of a positive TB skin test, a chest x-ray is required. The chest x-ray must have been completed within the last three (3) months to be considered current. Results must be attached.**

TEST	DATE	RESULTS	
TB Skin Test	____/____/____ Month Day Year	Positive ____ Negative ____	If positive skin test, current chest x-ray is required. <i>Results of TB skin test must be attached.</i>
Chest X-ray	____/____/____ Month Day Year	Positive ____ Negative ____	<i>RESULTS OF CHEST X-RAY MUST BE ATTACHED</i>

SECTION 4: HEPATITIS

Introduction: Health care professionals are at risk of exposure to blood and body fluids contaminated with the viruses that cause HIV and Hepatitis. Consistent use of Standard Precautions is the best known means to avoid transmission of these viruses or other contaminants. Students will be taught Standard Precautions before they provide care to any patient in the clinical setting. Although it is rare, a health care worker may become exposed to one of these viruses through accidental transmission. Currently, there is no vaccine that protects against the HIV virus. However, the Hepatitis B vaccine is an effective means of preventing Hepatitis B. As a student who will be providing direct patient care, you should discuss this vaccine with your health care provider.

About the Vaccine: The Hepatitis B Vaccine is a genetically engineered “yeast” derived vaccine. It is administered in the deltoid muscle (arm) in a series of three doses over a six month period. You should seek additional information about the vaccine from your health care provider; especially if you have an allergy to yeast or may be pregnant, or are a nursing mother.

I have initiated the Hepatitis B Vaccine Series with my first dose listed below:

1st Dose: Date: ____/____/____

2nd Dose: ____/____/____
(One month after 1st dose)

3rd Dose: ____/____/____
(Six months after 1st dose)

OR

I have already completed a Hepatitis B Vaccine Program with dates of injections listed below:

1st Dose: Date: ____/____/____

2nd Dose: ____/____/____
(One month after 1st dose)

3rd Dose: ____/____/____
(Six months after 1st dose)

OR

Antibody testing has revealed that I have immunity to Hepatitis B. Yes ____ No ____

(ATTACH COPY OF LAB REPORT).

SECTION 5: STUDENT'S STATEMENT

In order to satisfy medical program requirements, I hereby consent to the release and disclosure of my personal health information provided on the **Student Health Record Form** to Camsen Career Institute and any health care facility in which I am assigned for on-site clinical training. I understand that my personal health information is required to facilitate my participation in the clinical training, which is required for program completion. I also hereby release and hold harmless Camsen Career Institute and receiving health care facilities from any claim of violation of HIPAA or any other medical privacy rights that may arise for the release of my personal health information provided in the **Student Health Record Form**.

Print Name: _____

Student Signature: _____

Date: _____

PHYSICAL DEMANDS

In order to fulfill the requirements of the Emergency Medical Services Program at Camsen Career Institute, students must be able to meet the physical demands associated with the profession. Examples of these requirements include but are not limited to the following:

Code: F = frequently O = Occasionally NA = Not Applicable

Physical Demands	Code	Comments
Standing	F	Very little time is spent sitting down except for writing reports. Aptitude required for work of this nature are good physical stamina, endurance, and body conditions that would not be adversely affected by lifting, carrying and balancing at times. Motor coordination is necessary for the well-being of the patient, the EMT/Paramedic and the co-worker over uneven terrain.
Walking	F	
Sitting	F	
Lifting (up to 125 pounds)	F	
Carrying	F	
Pushing	F	
Pulling	F	
Balancing	F	Climbing and balancing are required for safe transport of the patient and equipment. Patients are often found injured or sick in locations where removal is possible only through the EMT/Paramedic's stooping, kneeling, crouching and crawling.
Climbing	F	
Crouching	F	
Crawling	F	
Stooping	F	
Kneeling	F	
Reaching	F	
Manual Dexterity	F	Transporting life-saving equipment, arm extension, handling carefully patients in fragile conditions, feeling to assess vital signs are part of the nature of this position.
Feeling	F	
Talking	F	
Hearing	F	
Seeing	F	
Communicating	F	Responding to patients, physicians, and co-workers through hearing is necessary in transmitting patient information and following directions. Sight is used to drive vehicles, distinguish landmarks and visually inspect patients.

(For specific Performance Standards associated with the Emergency Medical Services Program please contact the Program Administration at 904-296-1700.

Limitations: _____

SECTION 6: EXAMINER'S STATEMENT

I have verified that the individual I have examined is the named individual on this document and that the information about the test results are correct. This individual can participate in all activities required to provide health care to patients in an acute or chronic care facility, emergency setting or any other situation that is part of the learning experiences in the designated health care program. The student is able to meet THE PHYSICAL DEMANDS that are listed above. (list any limitations associated with this student in the area provided).

MD/DO/PA/ARNP Signature

Date

Office Telephone Number

License Number



CAMSEN CAREER INSTITUTE EMS PROGRAMS

CRIMINAL HISTORY INFORMATION CHECKS REQUIRED FOR MEDICAL CENTER CAMPUS PROGRAM STUDENTS

Florida law requires level 2 criminal background screenings for “all employees in position of trust or responsibility”, pursuant to §435.04, Florida Statutes (2004). The Joint Commission of Accreditation of Healthcare Organizations (JCAHO), a healthcare accreditation entity, also requires healthcare facilities to conduct background screenings on employees, students, and volunteers in accordance with state law and regulation and/or the internal procedures of the healthcare facility. The purpose of the level 2 criminal background screenings, which include fingerprinting and a state and federal criminal records check, is to ensure patient safety and maintain trust and integrity within the healthcare professions.

Many of the Institute's healthcare training facilities now require the Institute to conduct level 2 criminal background screenings on all faculty, students and any other person who participates in clinical training at a healthcare facility. In response to this requirement, all faculty, students or any other persons that participate in the Institute's clinical training programs are required to obtain a level 2 criminal background screening before beginning their participation or continuing their participation in any of the Institutes clinical placement programs. In most instances, previous screenings are not accepted by the Institute.

To obtain the level 2 background check for your enrollment in your selected program at Camsen Career Institute, applicants must do the following:

1. Contact our Student Services Office for Background Check and Drug Screen Packet
2. Complete the information received in packet for the completion of the background check and drug screen process.
3. Once the drug screen is obtained and background check has been submitted, the results will automatically sent to you and Camsen Career Institute. These results will be documented on appropriate forms and be place in your student file.
4. Your application will then be mark as complete and processed for registration.



CAMSEN CAREER INSTITUTE EMS PROGRAMS

ACKNOWLEDGMENT AND CONSENT FOR RELEASE OF INFORMATION

I understand that placement in a clinical setting is an essential component of my education in a health science program offered by the EMS Programs at Camsen Career Institute.

I have been informed that many healthcare agencies require a level 2 criminal background screening as a prerequisite for placement in an agency. I hereby consent to Camsen Career Institute receiving the results of my level 2 criminal background screening. I also understand that this information will be held confidential by the Institute and will not become a part of my student record. I give the Institute permission to disclose and/or share the results of the screening with a clinical agency for the sole purpose of clinical placement eligibility within a clinical agency.

I acknowledge that the clinical agency may make the determination, regarding specific criminal charges, that would disqualify me from participating in a clinical program, and that Camsen Career Institute is not involved in, and has no control over, that determination. I understand that if I am disqualified from participating in the clinical program as a result of the criminal background screening, I may not be permitted to continue in the EMS program in which I am enrolled.

I hereby sign this form voluntarily with the understanding that a level 2 criminal background check is a prerequisite to clinical placement in a Camsen Career Institute EMS programs.

Name: _____

Date of birth: _____ Student Number: _____

EMS Program _____

I have worked, resided or been a student in a state other than Florida, or a country other than the United States, during the past 24 months:

Yes _____ No _____.

If yes, name of state or country:

Student Signature