



POLK STATE

# Health Sciences

## Paramedic Program Application Packet

## Equal Access/Equal Opportunity

Polk State College is an equal access/equal opportunity institution committed to excellence through diversity in education and employment. The College complies with all state and federal laws granting rights to students, employees, and applicants for employment or admission to the College. The College prohibits unlawful discrimination on the basis of race, color, national origin, creed, ethnicity, sex, age, religion, sexual orientation, marital status, veteran status, genetic information or disability in any of its employment policies or practices, educational programs, or activities. For questions or concerns, please contact:

Valparisa Baker  
Director, Equity & Diversity (Title IX Coordinator)  
999 Avenue H NE  
Winter Haven, FL 33881-4299  
Office: WAD 227  
863.292.3602 Ext. 5378  
[vbaker@polk.edu](mailto:vbaker@polk.edu)

## Services for Students with Disabilities

Polk State College adheres to the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. All services, degree programs, and classes are open to eligible students with disabilities. Reasonable accommodations are provided, based on individual needs. Students with documented disabilities may be eligible for extended testing time, special computer equipment, tutoring, recorded texts, note-taker services, interpreters, course substitutions, and other necessary and reasonable accommodations to ensure equal access.

The Disability Services Advisor works with any rehabilitation agency, such as the Division of Vocational Rehabilitation or the Division of Blind Services, to coordinate student services for students with disabilities. Designated parking spaces are available for students with disabilities who hold state-approved permits; additional parking permits are not required.

Students are encouraged to contact a Disability Services Advisor to request special accommodations or auxiliary aids. All information provided is voluntary and kept strictly confidential. If you have additional questions, please contact the Associate Dean of Student Services at either campus: 669-2305 (on the Winter Haven campus) or 669-2823 (on the Lakeland campus) or the ADA Coordinator at 669-2895.

**NOTE:** The College does not provide personal attendant care, transportation, or housing assistance.

**Applicant Information:**

Name: \_\_\_\_\_  
Last First Middle

List any name you were previously known by (if applicable): \_\_\_\_\_

Polk State Student I.D. Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Have you ever enrolled in an Allied Health program at any institution, including Polk State, in the past?

\_\_\_\_\_ Yes, at Polk State College \_\_\_\_\_ Yes, at another institution \_\_\_\_\_ No

If yes, please elaborate:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently hold any health professional licenses or certificates? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate the type of license and/or certification as well as its number below:

\_\_\_\_\_

**Employment Information:**

Please, list your employment history for the past five years:

Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Licensure Inquiry/Information:**

According to Chapter 456 of The Florida Statutes anyone convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396 will not be admitted to any examination and refused a license or certification unless the sentence and any subsequent period of probation for such conviction or pleas ended more than fifteen (15) years to the date of the application.

In addition, according to Florida Administrative Code 64J-1.017: An applicant for certification or recertification as an EMT or Paramedic who has been convicted of or plead no contest, regardless of adjudication, to a felony and has complied with the requirements of Chapter 940, F.S., and provides documentation of restoration of Civil Rights shall become certified provided that the requirements of Section 401.27, F.S., and Rule 64J-1.008, F.A.C., for EMT or Rule 64J-1.009, F.A.C., for paramedic have been met and no other basis for denial exists. The department shall consider an applicant for certification or recertification as an EMT or paramedic with a felony conviction upon the submission of the documentation outlined in 64J-1.017, F.A.C.

Lastly, all applicants accepted to the paramedic program will be subject to a criminal background check and ten panel drug screen. In the event that results of said criminal background check and/or drug screen are unsatisfactory, said person will be dismissed from the program without any tuition and/or fees refunded.

I have read and understand all of the information above regarding licensure and procedures.

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Applicant Name (PRINT)

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Student I.D. Number

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Applicant Signature

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Date

**EMS Experience/Exposure:**

Please summarize any EMS related experience, exposure, or observation you may have and attach any verification forms, if applicable. (i.e. current PCFR employee, auxiliary member, EMT class only, etc...)

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Program prerequisites:**

Current State of Florida EMT certification in good standing.

A minimum G.P.A. of 2.0 is required in all prerequisite course work.

One of the three anatomy & physiology course options below is required:

1. EMS-2010 Body Systems for the Paramedic
2. BSC-1084C Basic Anatomy and Physiology
3. BSC-2085C Anatomy and Physiology I and BSC-2086C Anatomy and Physiology II

Achieve college entry level values on P.E.R.T. exam as follows:

- English – 103
- Reading – 106
- Math – 114

The certification below is to be completed by ALL applicants:

I, hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that discovery of any falsification of this information will result in denial of admission or prompt dismissal from the program. Polk State College is hereby authorized, during the selection process and/or during my tenure as a student, if admitted, to make any investigation that is deemed necessary concerning the information stated herein with regard to my suitability to practice as a health care professional.

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Applicant Name (PRINT)

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Student I.D. Number

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Applicant Signature

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Date

**Application Checklist:**

Below are the minimum requirements or necessary steps to be considered for admission to the Paramedic program at Polk State College. Please initial the line next to each step once you have completed it. Submit this entire package to either a Coordinator of Clinical Education, EMS or the EMS program director by the appropriate deadline.

- \_\_\_\_\_ Admission to Polk State College as a credit student.
- \_\_\_\_\_ High School transcripts or GED records are on file with the Registrar at PSC. If out of state GED, score are required.
- \_\_\_\_\_ Transfer student collegiate transfers are on file with the Registrar at PSC. (if applicable)
- \_\_\_\_\_ Prerequisite course requirements have been met (as detailed on page 7)
- \_\_\_\_\_ Overall cumulative credit grade point average (GPA) is 2.0 or higher. (Must be maintained)
- \_\_\_\_\_ Conference and/or observation completed, if required.
- \_\_\_\_\_ Completed application packet has been reviewed by appropriate personnel.

I have completed all of the above steps,

_____	_____
Applicant Name (PRINT)	Student I.D. Number
_____	_____
Applicant Signature	Date