



- **FIREFIGHTING/EMT COMBINED**
- **FIREFIGHTING I – II**
- **FIREFIGHTING II**
- **EMT Stand-Alone**

We appreciate your interest in the Firefighting training programs.

FIRE FIGHTER/EMERGENCY MEDICAL TECHNICIAN (Combined) program provides the training required for students to become certified fire fighters as well as licensed EMT.

This program offers a sequence of courses that provides coherent and rigorous content aligned with challenging academic standards and relevant technical knowledge and skills needed to prepare for further education and careers in the Law, Public Safety and Security and Health Science career clusters; provides technical skill proficiency, and includes competency-based applied learning that contributes to the academic knowledge, higher-order reasoning and problem-solving skills, work attitudes, general employability skills, technical skills and occupations-specific skills.

Classes offered January, March, July & September (792 Hours) 21 weeks

FIRE FIGHTER I/II program is designed to prepare each student for employment as a Fire Fighter I or a Fire Fighter II upon successfully completing the program and passing the Minimum Standards Examination of the Florida Bureau of Fire Standards and Training (written & practical). The program provides both classroom theory and hands-on, practical training to prepare students for the fire service. Includes Wildland and Forestry.

Classes offered January, March July & September (492 Hours) 12 weeks

FIRE FIGHTER II course will present information on fire department communications, building construction hazards and structural collapse, maintenance of electric generators and lighting equipment, service testing fire hose, firefighting foam, coordinating fire ground operations, advanced origin and cause, fire protection systems, conducting private dwelling fire safety surveys, Florida Statewide Emergency Response Plan (SERP), air monitoring, new challenges for firefighters, and firefighter safety and survival. Includes HAZAMT.

Classes offered February, May, August & October (301 Hours) 6 weeks

EMT prepares students for certification as EMT's in accordance with Chapter 64J of the Florida Administrative Code. Applicants should purchase books in advance and start studying the first five chapters. This is a fast pace program and includes physical fitness twice a week.

Classes offered January, April, July & October (300 Hours) 9 weeks

Day Classes Monday - Friday 8-5PM Physical Fitness 7am
Graduates of FSFC/MTC program enjoy the highest employment rate in the State of Florida.
The training is held at the Florida State Fire College facility,
11655 NW Gainesville Road, Ocala, FL 34482

HOW DO I APPLY?



STEP 1 Apply at <https://marion.focusschoolsoftware.com/focus/apply/>.

APPLICATION PROCESS (all forms submitted to Marion Technical College)

- **Complete the Supplement Application and mail certified or drop off to MTC.**
Residency Affidavit Form must be completely filled out and proof attached or your application will not be accepted.
- **\$20 Non-Refundable Processing Fee** - Check or money order payable to "Marion County School Board"
- **Basic Skills Examination** - Copy of a TABE (Level A) test, ACT, SAT or PERT test less than two years old or Associates of Art (AA) degree or higher (See exemption on number 18).
- **Official High School Transcript**
- **Copy of Valid Driver's License**
- **Immunization Form** - filled out by applicant, signed and dated. Provide proof of all immunizations listed on form (Sometimes high school transcript contain childhood immunizations). You will be notified when to complete the TB (Tuberculosis) test.
- **Medical History Form** - filled out by applicant, signed and dated
- **Current CPR card (Firefighter II applicants only)** - copy of front, back and must be signed (American Heart Association-Healthcare Provider Basic Life Support)
(American Red Cross-Healthcare Provider Basic Life Support)
- **HIPPA Form** - signed and dated
- **School Board Release & Waiver of Liability Form** - signed and dated
- **Release & Waiver of Liability Form** - signed and dated
- **Uniform Policy** - signed and dated

REGISTER FOR THE CPAT (Candidate Physical Ability Test) \$125

Applicants must pass the CPAT and have an application on file to be placed on a class list.

- Must register through www.nationaltestingnetwork.com
- Must bring picture ID on test day
- Wear long sweat pants, t-shirt and sneakers

Upon passing the CPAT, call Yvette Campetella at 352.671.4132 to be placed on the next class list. Please refer to the attached 'CPAT Enrollment' sheet for details on how to register.

Marion Technical College accepts Pell Grants for the combined program only. Applicants could qualify for MTC Financial Aid but must apply for the Pell Grant. MTC also accepts Bright Future, Florida Prepaid, other funding agencies and VA Benefits (please provide certificate of eligibility and DD214). There are no student loans available; all fees will be paid at orientation. MTC accepts VISA, Mastercard and cashier's checks. Checks should be made payable to "Marion County School Board".



STEP 2

Congratulations, your application was accepted, you passed the CPAT test and have been added to a program, what next?

FINAL ADDITIONAL REQUIRED FORMS will be emailed a month before class orientation and followed up with a phone call. If any application is incomplete or not received by 3:00pm on the deadline date, you will not be considered for the class.

ORIENTATION Students will be expected to attend. Orientation is held at the Florida State Fire College and ends at Marion Technical College; this is an all-day event. Orientation is one month prior to the class start date and is mandatory. Class tuition will be paid at this time.

FEES (Florida Resident):

- **Firefighting/EMT Tuition** (paid to the School Board of Marion County) \$6,204.97
- **Firefighting I/II Tuition** (paid to the School Board of Marion County) \$4,108.91
- **Firefighting II Tuition** (paid to the School Board of Marion County) \$2,918.98
- **EMT Tuition** (paid to the School Board of Marion County) \$2,800.27
- **EMT Fisdap Fee** (paid online the second week of class) \$15.00
- **Firefighting State Application Fee** (paid online the second week of class) \$30.00
- **Firefighting State Exam Fee** (paid online last week of class) \$44.00
- **Fingerprinting Fee** (paid online/final forms) \$50.40
- **EMT State of Florida National Registry Fee** \$35.00
- **EMT State Exam Fee** (paid online last week of class) \$70.00

***REVIEW REFUND POLICY**

BOOKS can be purchased through the Fire College Book Store. EMT books for those in the combined program should purchase books in advance and study the first five chapters before the first day of class. Please direct calls to Tanya Barton at (352) 369-2879.

Books, pens, pencils, notebook, paper etc. will be needed for the classroom.

DORMS are available for those who need it. Reservations and payments are to be made through the Florida State Fire College website at www.floridastatefirecollege.org. Please direct all questions to Carol Smith at (352) 369-2889. Monday through Sunday \$25 a night. Payment for dorms must be made in full, not weekly.

MEALS are provided by the Florida State Fire College. Please direct all questions to (352) 369-2800 or email fsfc.cafeteria@myfloridacfo.com.

UNIFORMS are included in tuition cost. Uniforms are non-refundable, purchased through BSN Sports and are special ordered. Student will be fitted on orientation.

BUNKER GEAR The student is responsible for obtaining their own set of bunker gear (helmet, pants, jacket, hood, boots, etc) that is NFPA approved. On Orientation day, we will have 3 different vendors available that the student may choose to speak with and arrange renting the gear for class. Below is also a list of companies that offer bunker gear should you wish to contact someone before Orientation Day. Rent only, do not purchase.

VENDOR		
FIRE-TEC	(954) 960-5068	customerservice@firetecinc.com
TURN OUT RENTAL	(866) 887-6688	www.turnoutrental.com

Also during the course, the student will be required to continue physical training. At the start of Firefighter II the student will need to pass the Physical Agility test, which consists of completing as many proper sit ups as possible but a minimum of 45 in two minutes, as many proper push-ups as possible but a minimum of 25 in two minutes, and complete a 1.5 mile run in 12 min 30 sec or less. Students who do not successfully complete all evolution's and at least meet the minimum requirements stated will not be allowed to continue in the class.

Students must be clean shaven at all time

Supplemental forms can be dropped off in person or mailed certified to:

Marion Technical College
 Public Service Department
 Attn: Yvette Campetella, Public Safety Clerk
 1014 SW 7th Road
 Ocala, FL 34471
 (352) 671-4132 (Direct)
 (352) 671-7200 Ext. 56863 (Main)
Yvette.campetella@marion.k12.fl.us

Raquel Freytes, MTC Program Manager
 (352) 369-2875 Raquel.Freytes@marion.k12.fl.us

Delores Turrentine, MTC Public Safety Clerk
 (352) 369-2849 Delores.Turrentine@marion.k12.fl.us

FIREFIGHTER/EMT COMBINED (2020) - Complete Program (SY 2021-22)

Program No: P430217

Program Hours:

792

Tuition (NOTE: Percentages are rounded DOWN to the nearest cent)

Resident Breakdown

Tuition (as set by FLDOE)	Hourly Rate	\$2.44		\$1,932.48
Financial Aid Fee (as set by MTC)	10%	\$0.24		\$190.08
Capital Improvement (as set by MTC)	5%	\$0.12		\$95.04
Technology Fee (as set by MTC)	5%	\$0.12		\$95.04
Hourly subtotal		\$2.92	Subtotal	\$2,312.64

Non-Resident Breakdown

Tuition (as set by FLDOE)	Hourly Rate	\$9.76		\$7,729.92
Financial Aid Fee (as set by MTC)	10%	\$0.97		\$768.24
Capital Improvement (as set by MTC)	5%	\$0.48		\$380.16
Technology Fee (as set by MTC)	5%	\$0.48		\$380.16
Hourly subtotal		\$11.69	Subtotal	\$9,258.48

Lab Fees (Applies to BOTH Resident and Non-Resident)

Hourly Rate	\$3.31	Subtotal	\$2,621.52
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Miscellaneous Fees

	Unit Price	Units	Tax Amount	Total Price
FMT CPR	\$50.00	1		\$50.00
FMT DRUG SCREEN	\$60.00	1		\$60.00
FMT EMT EXAM PREP	\$55.00	1		\$55.00
FMT EMT KIT	\$150.00	1	\$10.50	\$160.50
FMT FACILITY USE	\$170.00	1		\$170.00
FMT GRADUATION FEES	\$25.00	1		\$25.00
FMT INS ACC	\$210.00	1		\$210.00
FMT INS LIAB	\$17.00	1		\$17.00
FMT KIT-RIT	\$150.00	1	\$10.50	\$160.50
FMT MASK	\$55.00	1	\$3.85	\$58.85
FMT UNIFORMS	\$320.00	1	\$22.40	\$342.40
Resident and Non-Resident Subtotal		\$1,262.00	\$47.25	\$1,309.25

Total Resident Estimated Cost	\$6,243.41	Total Non-Resident Estimated Cost	\$13,189.25
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Note: Additional Costs not included in school fees, prices may vary. Approximate prices listed below.

Textbooks (Taxable @ 7%)	ISBN / ID	Unit Price	Tax Amount	Total Price
ESSENTIALS OF FIREFIGHTING 7TH EDITION 2019	978087939657	\$64.45	\$4.51	\$68.96
PRE HOSPITAL EMERGENCY CARE 11TH ED.	9780134752327	\$168.00	\$11.76	\$179.76
Resident and Non-Resident Subtotal		\$232.45	\$16.27	\$248.72

Note: Additional Costs not included in school fees, prices may vary. Approximate prices listed below.

Item Title	Estimated Cost
D.O.T ERG (GOLD) 2020 Edition	\$3.45
EMT Fisdap fee (paid online on the first week of EMT class)	\$15.00
EMT State Exam fee (paid online the last week of class)	\$30.00
FF II State Exam fee (paid online the last week of class)	\$42.00
FF State Application fee (paid online the 2nd week of class)	\$30.00
Fingerprinting fee (paid online before Orientation)	\$50.00

Notes

All Fees are Subject to Change.

EMERGENCY MEDICAL TECHNICIAN - ATD - Complete Program (SY 2021-22)

Program No: W170212

Program Hours:

300

Tuition (NOTE: Percentages are rounded DOWN to the nearest cent)**Resident Breakdown**

Tuition (as set by FLDOE)	Hourly Rate	\$2.44		\$732.00
Financial Aid Fee (as set by MTC)	10%	\$0.24		\$72.00
Capital Improvement (as set by MTC)	5%	\$0.12		\$36.00
Technology Fee (as set by MTC)	5%	\$0.12		\$36.00
Hourly subtotal		\$2.92	Subtotal	\$876.00

Non-Resident Breakdown

Tuition (as set by FLDOE)	Hourly Rate	\$9.76		\$2,928.00
Financial Aid Fee (as set by MTC)	10%	\$0.97		\$291.00
Capital Improvement (as set by MTC)	5%	\$0.48		\$144.00
Technology Fee (as set by MTC)	5%	\$0.48		\$144.00
Hourly subtotal		\$11.69	Subtotal	\$3,507.00

Lab Fees (Applies to BOTH Resident and Non-Resident)

Hourly Rate	\$3.31	Subtotal	\$993.00
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Miscellaneous Fees

	Unit Price	Units	Tax Amount	Total Price
EMT CPR	\$50.00	1		\$50.00
EMT DRUG TEST	\$60.00	1		\$60.00
EMT FACILITY USE	\$73.00	1		\$73.00
EMT GRADUATION FEES	\$25.00	1		\$25.00
EMT INS ACC	\$208.00	1		\$208.00
EMT INS LIAB	\$17.00	1		\$17.00
EMT KIT	\$150.00	1	\$10.50	\$160.50
EMT PREP	\$55.00	1		\$55.00
EMT UNIFORM	\$311.00	1	\$21.77	\$332.77
Resident and Non-Resident Subtotal	\$949.00		\$32.27	\$981.27

Total Resident Estimated Cost	\$2,850.27	Total Non-Resident Estimated Cost	\$5,481.27
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Note: Additional Costs not included in school fees, prices may vary. Approximate prices listed below.

Textbooks (Taxable @ 7%)	ISBN / ID	Unit Price	Tax Amount	Total Price
PRE HOSPITAL EMERGENCY CARE 11TH ED.	978013470456	\$168.00	\$11.76	\$179.76
Resident and Non-Resident Subtotal		\$168.00	\$11.76	\$179.76

Notes

All Fees are Subject to Change.

FIRE FIGHTER (2020) - Complete Program (SY 2021-22)

Program No: P430211

Program Hours:

492

Tuition (NOTE: Percentages are rounded DOWN to the nearest cent)

Resident Breakdown

Tuition (as set by FLDOE)	Hourly Rate	\$2.44		\$1,200.48
Financial Aid Fee (as set by MTC)	10%	\$0.24		\$118.08
Capital Improvement (as set by MTC)	5%	\$0.12		\$59.04
Technology Fee (as set by MTC)	5%	\$0.12		\$59.04
Hourly subtotal		\$2.92	Subtotal	\$1,436.64

Non-Resident Breakdown

Tuition (as set by FLDOE)	Hourly Rate	\$9.76		\$4,801.92
Financial Aid Fee (as set by MTC)	10%	\$0.97		\$477.24
Capital Improvement (as set by MTC)	5%	\$0.48		\$236.16
Technology Fee (as set by MTC)	5%	\$0.48		\$236.16
Hourly subtotal		\$11.69	Subtotal	\$5,751.48

Lab Fees (Applies to BOTH Resident and Non-Resident)

Hourly Rate	\$3.31	Subtotal	\$1,628.52
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Miscellaneous Fees

	Unit Price	Units	Tax Amount	Total Price
FFR DRUG SCREEN	\$60.00	1		\$60.00
FFR FACILITY USE	\$170.00	1		\$170.00
FFR GRADUATION FEES	\$25.00	1		\$25.00
FFR INS ACC	\$210.00	1		\$210.00
FFR INS LIAB	\$17.00	1		\$17.00
FFR KIT-RIT	\$150.00	1	\$10.50	\$160.50
FFR MASK-SCBA	\$55.00	1	\$3.85	\$58.85
FFR UNIFORM	\$320.00	1	\$22.40	\$342.40
Resident and Non-Resident Subtotal		\$1,007.00	\$36.75	\$1,043.75

Total Resident Estimated Cost	\$4,108.91	Total Non-Resident Estimated Cost	\$8,423.75
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Note: Additional Costs not included in school fees, prices may vary. Approximate prices listed below.

Textbooks (Taxable @ 7%)

	ISBN / ID	Unit Price	Tax Amount	Total Price
ESSENTIALS OF FIREFIGHTING 7TH EDITION 2019	9780879396572	\$64.45	\$4.51	\$68.96
Resident and Non-Resident Subtotal		\$64.45	\$4.51	\$68.96

Notes

All Fees are Subject to Change.

FIRE FIGHTER (2020) - Fire II Only (SY 2021-22)

Program No: P430211

Program Hours:

301

Tuition (NOTE: Percentages are rounded DOWN to the nearest cent)

Resident Breakdown

Tuition (as set by FLDOE)	Hourly Rate	\$2.44		\$734.44
Financial Aid Fee (as set by MTC)	10%	\$0.24		\$72.24
Capital Improvement (as set by MTC)	5%	\$0.12		\$36.12
Technology Fee (as set by MTC)	5%	\$0.12		\$36.12
Hourly subtotal		\$2.92	Subtotal	\$878.92

Non-Resident Breakdown

Tuition (as set by FLDOE)	Hourly Rate	\$9.76		\$2,937.76
Financial Aid Fee (as set by MTC)	10%	\$0.97		\$291.97
Capital Improvement (as set by MTC)	5%	\$0.48		\$144.48
Technology Fee (as set by MTC)	5%	\$0.48		\$144.48
Hourly subtotal		\$11.69	Subtotal	\$3,518.69

Lab Fees (Applies to BOTH Resident and Non-Resident

Hourly Rate	\$3.31	Subtotal	\$996.31
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Miscellaneous Fees

	Unit Price	Units	Tax Amount	Total Price
FFR DRUG SCREEN	\$60.00	1		\$60.00
FFR FACILITY USE	\$170.00	1		\$170.00
FFR GRADUATION FEES	\$25.00	1		\$25.00
FFR INS ACC	\$210.00	1		\$210.00
FFR INS LIAB	\$17.00	1		\$17.00
FFR KIT-RIT	\$150.00	1	\$10.50	\$160.50
FFR MASK-SCBA	\$55.00	1	\$3.85	\$58.85
FFR UNIFORM	\$320.00	1	\$22.40	\$342.40
Resident and Non-Resident Subtotal		\$1,007.00	\$36.75	\$1,043.75

Total Resident Estimated Cost

\$2,918.98

Total Non-Resident Estimated Cost

\$5,558.75

Note: Additional Costs not included in school fees, prices may vary. Approximate prices listed below.

Textbooks (Taxable @ 7%)

	ISBN / ID	Unit Price	Tax Amount	Total Price
ESSENTIALS OF FIREFIGHTING 7TH EDITION 2019	9780879396572	\$64.45	\$4.51	\$68.96
Resident and Non-Resident Subtotal		\$64.45	\$4.51	\$68.96

Notes

All Fees are Subject to Change.

Marion Technical College Refund Policy

Marion Technical College has fair and equitable procedures for the refund of tuition, fees, and other charges uniformly administered and published in the MTC catalog. These procedures comply with the guidelines published by the Council on Occupational Education (COE) and Federal Title IV regulations. All refunds shall be accounted for and audit trails maintained in accordance with Chapter 8 of the Financial and Program Cost Accounting and reporting for Florida Schools (AKA – Red Book). Refunds, when due, will be made without requiring a request from a student and will be processed within 45 days; students with VA Education Benefits will be processed in 40 days.

1. Refunds for Classes Cancelled by the Institution:

A. Tuition and fees collected in advance of the start date of a program and the institution cancels the class, the institution refunds 100% of the tuition and fees collected.

2. Refunds for Students Who Withdraw on or Before the First Day of Class:

A. If tuition and fees are collected in advance of the start date of classes and the student does not begin classes or withdrawals on the first day of classes, no more than \$100 of the tuition and fees may be retained by the institution.

3. Refunds for Students Enrolled Prior to Visiting the Institution:

A. Students who have not visited the school facility prior to enrollment will have the opportunity to withdrawal without penalty within three days following either attendance at a regularly scheduled orientation or following a tour of the facilities and inspection of the equipment.

4. Refunds for Withdrawal After Class Commences:

A. Tuition refunds for students enrolled in CCP programs of 600 hours or greater are as follows:

1. If a student withdraws during the first five (5) days of class – 100% of tuition and lab fees.
2. If a student withdraws after the fifth day of class – NO refund

B. Tuition refunds for students enrolled in CCP programs of less than 599 or less hours are as follows:

1. If a student withdraws during the first three (3) days of class – 100% of tuition and lab fees.
2. If a student withdraws after the third day of class – NO refund

5. Refunds for Students Enrolled in Continuing Workforce Education, Community Enrichment Classes or Limited Contract Classes:

A. All fees are non-refundable for courses related to continuing Workforce Education (CWE), Community Enrichment Classes or Limited Contract Classes.

6. Students Administratively Dismissed:

A. Students administratively dismissed will not be eligible for a refund.

7. Students who pay fees but are entitled to a waiver, voucher or agency payment shall be entitled to a refund of fees only if required evidences are presented to the school or his/her designee within fifteen (15) school days of the beginning of a term.

Additional Refund Policies:

- A \$50 Processing fee will be charged except for an administratively cancelled class.
- No refund on books, supplies, insurance, fingerprinting or testing fees.
- Registration fees are non-refundable
- No refund will be given for fees used to purchase required program professional liability insurance.
- No refunds will be made until ALL financial obligations have been cleared.
- If student tuition has been paid by MTC FA or a sponsoring agency, the refund due will be returned to the MTC FA fund or the agency that sponsored the student. Students are responsible for any resulting unpaid tuition and fees.
- When a student withdraws and is due a refund, the refund will be processed within 45 days. No funds will be held for future use.
- Payments made by credit card will be refunded to the same credit card used for payment. Cash payments will be refunded by school district check made payable and mailed to name listed on the original receipt.
- Official transcripts will be held until ALL debts owed to the school are paid.
- Students who feel they have been treated unfairly in the application of these procedures or its rules may appeal using the student grievance procedure as presented in the Student Handbook.
- AGE/ESOL –No refunds after the third scheduled day of class.



MARION
TECHNICAL COLLEGE

UNIFORM POLICY

Uniforms are purchased through Legacy Team Sales and are special ordered.

Applicants will be fitted for uniforms on orientation.
You will be required to pay for your uniforms on that day.

Uniforms are not refundable.

If you are withdrawn after the orientation, you can pick up your uniforms at the MTC office at the Florida State Fire College. You must pick them up within two weeks; schedule a pick up time at 352-369-2875.

I have read and accepted these conditions for enrollment.

Print Name: _____

Signature: _____

NOTICE OF CHANGE

In an effort to create a stronger and more prepared firefighter candidate, Marion Technical College is implementing the following pre-requisite requirements for entry into the Firefighting-EMT, Firefighting I-II and Firefighting II programs.

1. Complete application process (Phase 1)
2. Candidate successfully passes CPAT (Phase 2)
3. Successfully pass Physical Test (PT) on day of Orientation one month prior to class start date (Phase 3)
4. Complete all Phases before registration may begin. No exceptions!
5. If a candidate fails to complete successfully any portion of the PT on orientation Day, the candidate will be offered an opportunity to be placed on the next class list.

PT Test (modified) on morning of Class Orientation:

- ✓ 25 push-ups (military style-elbows break 90* at bottom, lock out at top) in 2 minutes
- ✓ 45 sit-ups (military style-hand locked behind head, elbow (s) touch knee in up position, shoulder blades touch mat in down position) in 2 minutes
- ✓ 1.5 mile run in 15:00 minutes or less
- ✓ FSFC Orientation after PT Test
- ✓ MTC Orientation at 1PM



CPAT Enrollment Process

www.nationaltestingnetwork.com

CPAT Test Fee: \$150 (Includes 2 CPAT Orientations) ~ CPAT Practice Test Fee: \$45 each

1. Go to www.nationaltestingnetwork.com
2. Click on "Exams" on the top of the screen.
3. Click on the "CPAT" link on the left side of the screen.
4. Go through the information regarding the CPAT exam. These items explain what will be required of you during the test.
 - a. Watch the CPAT Candidate Instruction Video
 - b. Read the CPAT Orientation Guide
 - c. Read the Candidate Preparation Guide
 - d. Read the CPAT Frequently Asked Questions
5. Click on "Schedule a CPAT" if you wish to continue.
6. You will now choose where you want to test. Click on "Florida" and then select " Ocala - Marion Technical College (MTC) - Fire, CPAT" Select continue.
7. You will now be asked if you would like to schedule your CPAT Orientation Session. You will be required to sign a waiver. Click "Yes" now if you want to schedule your orientation. Click "No" if you do not.
8. If **Yes**, you will be taken through the date selections for your orientation(s) and then your practice test(s).
 - a. Two CPAT Orientations are included in the test price. This is two orientation sessions within the eight (8) weeks prior to the test.
9. If **No**, you will be asked to schedule your practice test. It is a required/mandatory part of the Pre-Test Program. If you choose not to attend a practice test, you will be required to sign a waiver. There are no refunds for unused practice tests.
 - a. CPAT Practice tests will be offered for an additional \$45 per session. This includes an actual timed run of the CPAT within 30 days of the test. Because of the physical demands required, it is suggested that you do not schedule a practice test and the CPAT on the same day.
10. If you answered **No** to the orientation and/or practice test, read through the "Acknowledgement and Waiver of CPAT Pre-Test Program". Click "I Agree" or "I do not agree, go back to Scheduling" at the bottom of the page.
11. Select the date that you would like to take your CPAT.
12. Select the time that you would like to test and click "Submit".
13. Confirm your CPAT details. This includes the date(s) you have selected, what to expect upon arrival, CPAT forms, and what to bring. You might want to print this for future reference. If you understand, click "I Understand - Continue".

NTN offers online and phone support to candidates. There is a "Contact Support" link at the bottom of every page of the www.nationaltestingnetwork.com website. We encourage candidates to use this resource!



CPAT Enrollment Process

www.nationaltestingnetwork.com

CPAT Test Fee: \$150 (Includes 2 CPAT Orientations) ~ CPAT Practice Test Fee: \$45 each

14. If you are new to NTN, you will now need to register for an account. Click on "Register for a New Account". If you already have an account, enter your log-in information now.
15. Add your voucher now if you have one. Any additional fees that the voucher does not cover will be charged to your credit card.
 - a. FireTEAM - Students in MTC Firefighting I/II will be issued a voucher for FireTEAM towards the end of the program.
16. Please enter your credit card information at the bottom of the page if payment is needed. NTN accepts credit cards *only*. A receipt will be sent to your email. Click "Continue" to process your payment and guarantee enrollment.

CPAT Information

- Tests remain valid for one (1) year.
- Orientation and practice tests should be at the same location as the test.
- If you need special accommodations due to a disability, go to the FAQ portion of www.nationaltestingnetwork.com and choose #17 "How do I apply for a Reasonable Testing Accommodation?". Make sure to follow this process BEFORE you schedule an exam.
- Late candidates will not be allowed to test. *Arrive early!* Being late will constitute a "No Show" and your money will not be reimbursed.
- Always bring a valid photo ID. You will not be allowed to test without it. Approved IDs: Driver's License, State ID card, Military ID, Passport/Visa).
- Acceptable Attire: Long pants and footwear that is closed at the heel and toe. No jewelry. Everything else will be provided. You will not be allowed to test without the proper clothing and footwear.
- Schedule changes can be made through the website (Contact NTN link) up to one week before the test date. Changes are not allowed within seven (7) days of the test, refunds are not given.
- NTN accepts credit card payments only.
- Candidates do not select departments to send their results to. CPAT results are available through a letter in your account and are able to be given to all CPAT certified departments.

- Candidates may re-test as often as they like.
- Candidates will not get a CPAT card. Departments can access your results through your Pass letter. Candidates should include this in their applications to the departments.

NTN offers online and phone support to candidates. There is a "Contact Support" link at the bottom of every page of the www.nationaltestingnetwork.com website. We encourage candidates to use this resource!

REQUIRED FOR FIRE I-II & Fire II ONLY

FIREFIGHTER/EMT & EMT ONLY DISREGARD



CPR CARD INSTRUCTIONS

Applicants must turn in a valid signed CPR card - Healthcare Provider/BLS



Acceptable CPR Course Providers:

- American Heart Association (Preferred)
- American Red Cross
- American Safety & Health Institute

After completing a class, download your CPR card (see example below) from provider's website. Card must be signed on right hand side.

CERTIFICATES NOT ACCEPTABLE

Residents of Marion County can call Marion CPR at 352.653.8821 or visit their website at registration@marioncpr.com .

BASIC LIFE SUPPORT		BASIC LIFE SUPPORT	
BLS Provider		Training Center Name	
The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.		Training Center ID	
Issue Date	Recommended Renewal Date	TC Address	
6/4/2020	06/2022	TC Phone	
<small>Trainer or verify participant, students and employers MUST print the full name in their name on the card to be used for all purposes.</small>		Instructor Name	
		Instructor ID	
		<i>Signature</i>	
<small>© 2016 American Heart Association. 20-001-013</small>			



Last Name: _____ First Name: _____ M _____

Address: _____ Date of Birth: _____

Telephone: (_____) _____ Email Address: _____

DIPHTHERIA, TETANUS & PERTUSSIS (DTaP/DTP) CHILDHOOD VACCINE/7 YEARS OLD AND YOUNGER

DOSE 1 _____ DOSE 2 _____ DOSE 3 _____ DOSE 4 _____ DOSE 5 _____
M/D/Y M/D/Y M/D/Y M/D/Y M/D/Y

TDAP - TETANUS, DIPHTHERIA & PERTUSSIS 1 TIME AFTER 11 YEARS OF AGE _____
M/D/Y

TD - TETANUS & DIPHTHERIA EVERY 10 YEARS _____
M/D/Y

HEPATITIS B ALL STUDENTS MUST SUBMIT PROOF OF CURRENT VACCINATION, OR MUST SIGN STIPULATION DECLINING IMMUNIZATION.

DOSE 1 _____ DOSE 2 _____ DOSE 3 _____
M/D/Y M/D/Y M/D/Y

CHICKENPOX (VARICELLA)
VACCINATION OR PROOF OF POSITIVE TITER

DOSE 1 _____ 2 _____
M/D/Y M/D/Y

MMR PROOF OF IMMUNITY MANDATED BY STATE

MUMPS (VACCINATION OR POSITIVE TITER) DOSE 1 _____
M/D/Y

DOSE 2 _____
M/D/Y

MEASLES 2 DOSES NO LESS THAN ONE MONTH APART DOSE 1 _____
M/D/Y

DOSE 2 _____
M/D/Y

RUBELLA (VACCINATION OR POSITIVE TITER) DOSE 1 _____
M/D/Y

DOSE 2 _____
M/D/Y

TUBERCULOSIS (TB)
MUST SUBMIT CHEST X-RAY RESULTS FOR POSITIVE REACTION (YOU WILL BE NOTIFIED WHEN TO TEST)

M/D/Y

INFLUENZA (FLU)
FOR EMT PROGRAMS ONLY
BETWEEN OCTOBER THROUGH
MARCH.

M/D/Y

Signature of Student: _____ Date: _____

COMPLETED IMMUNIZATION DOCUMENTATION MUST BE IN STUDENTS FILE PRIOR TO ANY CLINICALS.



MEDICAL HISTORY FORM

Completed form must be kept on file by the school

Student Information

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____

Home Address: _____ Home Phone: (____) _____

Contact in case of Emergency: _____ Relationship to Student: _____

Home No: (____) _____ Work No:(____) _____ Cell: (____) _____

Personal/Family Physician: _____ City: _____

State: _____ Office Phone: (____) _____

Medical History: **MANDATORY (to be completed by student)** Explain "yes" answers below. Circle questions you don't know answers to.

IMPORTANT: IT IS VERY IMPORTANT THAT THESE QUESTIONS ARE ANSWERED TRUTHFULLY AS YOUR SAFETY AND HEALTH IS OF PRIMARY CONCERN. WE CANNOT QUALIFY ANY STUDENT INTO OUR TRAINING PROGRAM IF THERE IS ANY PRE-EXISTING OR CURRENT MEDICAL CONDITION, INJURY, ILLNESS OR DEFICIENCY WHICH WOULD PROHIBIT YOU FROM PERFORMING THE TYPE OF PHYSICAL ACTIVITIES YOU WOULD BE ENGAGED IN DURING OUR TRAINING.

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | _____ | _____ |
| 2. Do you have ongoing chronic illness? | _____ | _____ |
| 3. Have you ever been hospitalized overnight? | _____ | _____ |
| 4. Have you ever had surgery? | _____ | _____ |
| 5. Are you currently taking any prescription or non-prescription (over-the-counter) medications, pills or using an inhaler? | _____ | _____ |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | _____ | _____ |
| 7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects) that require medical treatment? | _____ | _____ |
| 8. Have you ever had a rash or hives develop during or after exercise? | _____ | _____ |
| 9. Have you ever passed out during or after exercise? | _____ | _____ |
| 10. Have you ever had dizziness or fainting spells? | _____ | _____ |
| 11. Have you ever had chest pain during or after exercising? | _____ | _____ |
| 12. Have you ever had racing of your heart or skipped heartbeats? | _____ | _____ |
| 13. Have you had high blood pressure or high cholesterol corrected with meds? Or low blood pressure corrected with meds? | _____ | _____ |
| 14. Have you ever been told you have a heart murmur? | _____ | _____ |
| 15. Has any family member or relative died of heart problems or sudden death before age 50? | _____ | _____ |
| 16. Has a physician ever denied or restricted your participation in sports for any heart problems? | _____ | _____ |

YES NO

- 17. Do you get tired more quickly than your friends do during exercise?
- 18. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
- 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?
- 20. Have you ever had a head injury or concussion?
- 21. Have you ever been unconscious or lost your memory?
- 22. Have you ever had seizures, history of epilepsy or neurological disorders?
- 23. Do you have frequent or severe headaches?
- 24. Have you ever had numbness or tingling in your arms, hands, legs or feet?
- 25. Have you ever become ill from exercising in the heat or heat related injury?
- 26. Do you cough, wheeze or have trouble breathing during or after activity?
- 27. Do you have asthma, chronic bronchitis or lung disease?
- 28. Have you had any problems with your eyes or vision?
- 29. Do you wear glasses, contacts or protective eyewear?
- 30. Have you ever had stomach, liver or intestinal problems?
- 31. Have you broken or fractured any bones or dislocated any joints?

If yes, check appropriate blank and explain below:

- | | | |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/Calf |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Foot | |

- 32. Do you want to weigh more or less than you do now?
- 33. Do you feel stressed out?
- 34. Have you ever been diagnosed with Sickle Cell Anemia or any other blood Related disorder?
- 35. Have you ever been diagnosed with Sickle Cell?
- 36. Are you pregnant?

Explain "yes" answers here:

Student Signature: _____ Date: _____



MARION
TECHNICAL COLLEGE

EMT/FIRE STANDARDS STUDENT ACKNOWLEDGEMENT OF HIPAA OBLIGATIONS

I understand that it is the intent of the MTC/FSFC to safeguard and protect the privacy and security of its applicants, employees' and patients' "protected health information" as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that "protected health information" includes individually identifiable information, maintained or transmitted through any medium, relating to an individual's past, present, or future physical or mental health or healthcare. Health information is considered individually identifiable if it either identifies a person by name or creates a reasonable basis to believe the individual could be identified (through identifiers such as address, Social Security number, dates of service, telephone number, email address or vehicle identification number).

In the course of my educational experience with MTC/FSFC contracted agencies, I understand that I may come into contact with protected health information of applicants, employees, and patients. In consideration for my being allowed to ride-along with these contracted agencies, I hereby agree that I will not at any time (either during my assigned time with such agencies, or any time thereafter) access, use, or disclose to any person or entity, any protected health information of the contracted agencies applicants, employees, or patients.

I further understand it is the policy of the contracted agencies to ensure the confidentiality, integrity, and availability of protected health information entrusted to the contracted agencies by its applicants, employees, and patients by protecting those assets from unauthorized access, alteration, deletion, or unauthorized transmission and to ensure their physical security. In consideration for my being allowed to participate in education with these contracted agencies, I further agree that I will not make any unauthorized transmission, alteration, deletion, or unauthorized access of protected health information. Such unauthorized transmission includes but is not limited to, removing and/or transferring protected health information. Such unauthorized transmission includes, but is not limited to, removing and/or transferring protected health information in any agencies computer system to an unauthorized location. I understand that these privacy and security obligations apply, regardless of the manner in which I acquired the protected health information, whether it was communicated verbally, in writing, electronically, or in any format, and regardless of whether it was communicated directly to me or intended for my access. I understand that this obligation survives the completion of my educational experience with MTC/FSFC contracted agencies no matter the circumstances whereby my experience is completed.

I understand that the unauthorized access, use, disclosure, alteration, deletion, or unauthorized transmission of protected health information in violation of this policy may subject me to immediate removal from all MTC/FSFC contracted facilities or apparatus. I also understand that violating the privacy and security rights of individuals protected health information under HIPAA may also result in the imposition of civil/and criminal penalties and other sanctions provided by federal and state laws.

By, signing, and including today's date below, I acknowledge that I have read and understand my obligations as a student of MTC/FSFC to protect the privacy and security of protected health information relating to any applicant, employee, or patient.

Please mark one Firefighting/EMT Firefighting I/II Firefighting II

Name Please Print: _____

Signature: _____

Date: _____

**School Board of Marion County, Florida
Release and Waiver of Liability**

I, _____ acknowledge that attendance and participation in a course of training involves a risk of bodily harm and injury. I hereby agree that, in partial consideration for participation in training involving the use of the Florida State Fire College, clinical sites, or School Board facilities or equipment, that I will be solely liable and I expressly release and forever discharge, and hold harmless the School Board of Marion County, Florida, and its employees, officers, and agents, from any and all claims, demands, rights, causes of action of whatever kind or nature, arising out of all known and unknown, foreseeable and unforeseeable bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my participation in or in any way connected with said training.

I further agree that I, my spouse, my heirs, distributees, guardians, legal representatives and assignees will not make any claim against, sue, or prosecute the School Board of Marion County, Florida, or any other affiliate organizations, employees, officers and agents for injury or damage resulting from negligence or other acts, howsoever caused, by any employee, agent, or contractor of the School Board as a result of my participation in course activities. I further understand that this release and waiver of liability shall be effective for any events occurring during the entire period that I am present on the grounds of the Florida State Fire College and / or clinical sites or using any equipment belonging to the State of Florida and/or the Marion County School Board.

I hereby state that I am fully informed regarding the general dangers and risks of my participation in course training activities. I further release all agents and employees of the Marion County School Board from any claim whatsoever arising from first aid and medical services rendered to me as the result of my participation in all course training and clinical site activities, and I agree that I am financially responsible for the medical treatment and emergency services that I receive.

I further certify that I am of legal age, and suffer under no undisclosed disabilities. I acknowledge that this is a legal document, which I have read and voluntarily signed. I agree that no oral representation or statements and inducements apart from the foregoing written agreement have been made to me.

Student Signature

Date

Printed Name



DEPARTMENT OF FINANCIAL SERVICES

*Division of State Fire Marshal
Bureau of Fire Standards & Training*

RELEASE AND WAIVER OF LIABILITY
FLORIDA STATE FIRE COLLEGE

I acknowledge that attendance and/or participation in the activities at the Florida State Fire College involves a risk of bodily harm and injury and I assume all risk. I hereby agree that for consideration of the use of the facility, equipment, programs, grounds, and personnel of the Florida State Fire College, I hereby waive liability, and release and forever discharge the Florida State Fire College, the Florida State Fire Marshal, and the Department of Financial Services and its employees, officers, and agents individually from any and all claims, demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseeable and unforeseeable bodily and personal injuries, damage to property, and the consequences thereof; including death, resulting from participation in or in any way connected with any classes, training, or use of the Florida State Fire College, its property or its equipment.

I further agree that for the consideration stated above, I will indemnify, hold harmless and covenant not to sue the Florida State Fire College, the Department of Financial Services, the Florida State Fire Marshal, and its employees, officers or agents for any claim for damages or causes of action whatsoever and by whomever made arising or growing out of my participation in the activities or use of the Florida State Fire College, its property or its equipment. I agree that this waiver and release shall include myself, my heirs, executors and assigns, whether such personal injury, death or property damage was caused by the negligence of the Florida State Fire College, the Department of Financial Services, the Florida State Fire Marshal, or any of its employees, officers, or agents. Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective for any events occurring during the entire period of my enrollment or use of the Florida State Fire College.

I have received a copy of this document and I certify that I am of legal age, I am suffering under no legal disabilities, and that I have read the above carefully or had the above read to me before signing.

Signature

Date

Print Name

Course Title