



PUBLIC SAFETY PROGRAMS OUTLINE

FIRE FIGHTER/EMERGENCY MEDICAL TECHNICIAN (Combined) program provides the training required for students to become certified fire fighters as well as licensed **EMT**. This accelerated program offers a sequence of courses that provides coherent and rigorous content. Course provides technical skill proficiency, includes competency-based applied learning that contributes to the academic knowledge, higher-order reasoning, problem-solving skills, work attitudes, general employability skills, technical skills and occupations-specific skills. CPR is included

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

FIREFIGHTER program is designed to prepare each student for employment as a Fire Fighter 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. Those who do not have EMT or First Responder will not receive their State certification until they complete an EMT program. CPR Card is required.

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

FIREFIGHTER II program will present information on the following:

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 HAZMAT. Those who do not have EMT or First Responder will not receive their state certification until they complete an EMT program. CPR Card is required/Submit Volunteer Firefighter I Certificate of Completion required

Classes offered February, May, August & November (192 Hours) 7 weeks

EMT "Accelerated program" will prepare students for certification as EMT's in accordance with Chapter 64J of the Florida Administrative Code. Program is geared towards certified Fire Fighters who need to get their EMT certification. **Unlike other EMT programs, our program emphasizes physical fitness and is fast paced.**

CPR is included. CPAT test not required for this program. PT is apart of this program.

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

ALL programs are day classes, Monday – Friday, 7am – 5pm. Training is held at the Florida State Fire College facility: 11655 NW Gainesville Road, Ocala, FL 34482.

Request a tour by calling (352) 369-2875.

Graduates of FSFC/MTC Public Safety Programs enjoy the highest employment rate in Florida.

HOW DO I APPLY?



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

STEP 2 (forms must be turned into **MTC** to complete application process)

- **Complete the MTC School Application at mariontc.edu** . Submit required documents by certified mail or drop off.
- **Residency Affidavit Form** must be completely filled out, attach proof or your application will not be accepted.
- **\$20 Non-Refundable Processing Fee** – check or money order payable to “Marion County School Board” If you did not pay fee online after applying, call the Admissions Dept. at 352-671-4134. A 2.75% surcharge will apply for all credit cards.
- **Basic Skills Examination** – EMT only program is exempt, Copy of a PERT test, ACT, SAT test less than two years old or Associates of Art (AA) degree or higher transcript
- **Official High School Transcript** – now accepting emailed transcripts by school **only**, send to: rebecca.jozefik@marion.k12.fl.us
- **Copy of Valid Driver's License**
- **Social Security Card** – requirements may vary, contact Admissions Dept. at 352-671-4134
- **Immunization Form** – signed and date, must provide proof of all immunizations listed (Sometimes high school transcript contain childhood immunizations)
TB (PPD) test result must be less than one year old, **do not do till notified**
- **Medical History Form** – signed and date, filled out by applicant
- **HIPPA Form** – signed and dated
- **School Board Release & Waiver of Liability** – signed and dated
- **Dept. of Financial Services Release & Waiver of Liability** – signed and dated
- **Uniform Policy Form** - signed, uniforms are not refundable
- **Refund Policy Form** - signed and dated by applicant and payee

REGISTER FOR THE CPAT (Candidate Physical Ability Test) \$145 Practice \$45

Must have an application on file and submit CPAT completion letter to be added to 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, notify Yvette Campetella at 352-671-4132. Download and scan completion letter after 24 -72 hours. 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). Student Loans are not acceptable; all fees paid on orientation. Direct questions to 352-671-7203. MTC accepts all major credit cards; a 2.75% surcharge fee will apply. Checks should be made payable to “Marion County School Board”.

STEP 3

Congratulations, you passed the CPAT test and have been added to a program list, what next?

FINAL ADDITIONAL REQUIRED FORMS will be emailed two month before class orientation and followed up with a phone call. Applicants who do not turn in forms by due date will be removed from class list.

ORIENTATION Class tuition will be paid at this time. **A 2.75% percent surcharge fee will apply for credit card payments.**

Orientation is one month prior to the class start date and is mandatory. Students will be expected to attend. Orientation starts at the Florida State College and ends at Marion Technical College; this is an all-day event. Students can come dressed for fitness test (sneakers, t-shirt and sweatpants) at 8am and will be expected to change (business casual) if they pass the test. Students must show up clean-shaven, haircut short and no jewelry. No open-toed shoes, tank tops, vented shirts or cutoff jeans are permitted. Applicants who fail fitness test can request next program, seats are limited.

***No refunds** after 5th day of class for **Firefighter/EMT combined program** (600 hours or more)
No refunds after 3rd day of class for **Firefighter I/II, Firefighter II and EMT only** (599 hours or less)

BOOKS Students can purchase books through the Fire College Book Store or from IFSTA website (prices vary). For those who will be enrolling in our **EMT programs**, books should be purchased 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. Book fee's waived for Veterans; must submit a copy of DD214.

Not covered by Financial Aid

Fire: Essentials of Firefighting 7th Edition ISBN: 978-0-87939-657-2 IFSTA #36777 \$87
Study Guide (not required) ISBN: 978-0-87939-5124 D.O.T \$35.50
ERG (Gold) 2016 Edition \$4.20

EMT: Pre-Hospital Emergency Care Plus MyBrady Lab 11th Edition ISBN: 978-0134752237
By Joseph Mistovich/Keith Karren \$168

DORMS are available for those who need it. Reservations and payments are through the Florida State Fire College website at www.floridastatefirecollege.org. Payment for dorms must be made in full not weekly. To reserve a dorm you must have a student id. To obtain a student id you must create a profile. You will do this on orientation. **Dorms cannot be reserved prior to orientation.** Please direct all questions to (352) 369-2800. Dorm fee waived for Veterans; must submit copy of DD214. **Not covered by Financial Aid**

MEALS are available through the Florida State Fire College by a private vendor.
For information on prices call (352-369-2800) or email Fsfccafeteria@myfloridacfo.com.
Not covered by Financial Aid

BUNKER GEAR The student is responsible for obtaining their own set of bunker gear (helmet, pants, jacket, hood, boots, etc.) that is NFPA approved. Rent only **Not covered by Financial Aid**

Fire Tec will be on campus on orientation for you to meet and be fitted should you choose to go with them. MTC does not endorse any particular bunker gear vendor, there is no preference. Bunker gear is required by Wednesday, the first week of class.

Bunker Gear Vendors

Fire-Tech	754-229-1832	customerservice@firetecinc.com
Turnout Rental	866-887-6688	info@turnoutrental.com

All equipment must be marked for identification.

1. Full protective structural firefighting clothes that meet all requirements of NFPA.
2. Firefighting boots that meets all requirements of NFPA.
3. Firefighting gloves that meets all requirements of NFPA.
4. Nomex that meets all requirements of NFPA.
5. A firefighting helmet that meets all requirements of NFPS.

Uniforms are included in tuition cost. Uniforms are nonrefundable; purchased through Advertising Specialty Products and are special ordered. Students fitted for uniforms on orientation.

Marion Technical College
Public Safety Dept.
Attn: Yvette Campetella
1014 SW 7th Rd
Ocala, FL 34474
(352) 671-4132
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) 369-2874 delores.turrentine@marion.k12.fl.us

Ninety-five percent of our communication is done by email, please check it frequently.

An Equal Opportunity School District



Public Safety Programs Estimated Cost Sheet

A CREDIT CARD USAGE FEE OF 2.75% WILL APPLY FOR ALL CREDIT CARD PAYMENTS

Tuition paid to School Board of Marion County

FIREFIGHTING-EMT COMBINED - TUITION ONLY

Florida Resident	Firefighter	\$4,120.43	EMT	\$2,324.70
Non-Resident	Firefighter	\$8,435.27	EMT	\$4,955.70

FIREFIGHTING I-II - TUITION ONLY

Florida Resident	\$4,145.43	Non-Resident	\$8,460.27
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FIREFIGHTING II - TUITION ONLY

Florida Resident	\$2,872.61	Non-Resident	\$5,512.38
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EMT - TUITION ONLY

Florida Resident	\$2,947.10	Non-Resident	\$5,578.10
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STUDENTS ARE RESPONSIBLE TO PAY FOR THE FOLLOWING FEES LISTED BELOW.
THEY ARE NOT INCLUDED IN TUITION OR COVERED BY FINANCIAL AID.

Firefighter State Application Fee - \$30	Paid online the second week of class
Firefighter State Exam Fee - \$44	Paid online the last week of class
Fingerprinting Fee - \$50.40	Paid before class orientation
EMT FISDAP Fee - \$15	Paid online first week of EMT class
EMT FL National Registry - \$80	Paid online the last week of class
EMT State Application Fee - \$35	Paid online the last week of class

BOOKS (purchased online or at the Florida State Fire College, 352-369-2800)

Essentials of Fire Fighting, 7th Edition Publisher: IFSTA; ISBN# 9780879396572 - \$64.45
DOT ERG (GOLD), 2020 Edition - \$4.00
EMT – Pre-Hospital Emergency Care Plus My Brady Lab 11th Edition by
Joseph Mistovich/Keith Karren ISBN# 9780134752327 - \$168

BUNKER GEAR (rent only)

Must be NFPA compliant, call for pricing
FIRE TEC (754) 229-1832 customerservice@firetecinc.com
Turnout Rental (866) 887-6688 www.turnoutrental.com

DORMS (DO NOT RESERVE PRIOR TO ORIENTATION)

Offered through the Florida State Fire College, call for pricing at (352) 369-2800

MEALS Offered through a private vendor, call (352)369-2800 or email
fsfc.cafeteria@myfloridacfo.com

Marion County Public Schools
MTC, Public Safety Dept., 1014 SW 7th Rd., Ocala, FL 34474
An Equal Opportunity School District

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 withdraw 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.

Signature of student

Date

Signature of Parent or Guardian

Date



MARION
TECHNICAL COLLEGE

Uniform policy

Uniforms are purchased through Advertising Specialty Products 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: _____



CPAT Enrollment Process

www.nationaltestingnetwork.com

CPAT Test Fee: \$145 (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: \$145 (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!

Fitness Test Requirements

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 can request next program if CPAT test is valid and seating availability.

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

CPR CARD INSTRUCTIONS

NOT REQUIRED FOR EMT & FIRE/EMT COMBINED PROGRAMS



Firefighter (only) applicants must turn in a valid signed CPR card
Healthcare Provider/Basic Life Support


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	 American Heart Association	Training Center Name	<i>Signature</i>
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	
		TC Address	
		TC Phone	
		Instructor Name	
Issue Date 03/4/2020	Recommended Renewal Date 06/2022	Instructor ID	
<small>To verify your authenticity, students and employees should scan the QR code on their mobile device or go to www.heart.org/cpr to verify.</small>		<small>© 2016 American Heart Association 16-3501 3/16</small>	



IMMUNIZATION FORM (Proof Required)

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 POSTIVE 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:

_____ Head	_____ Elbow	_____ Hip
_____ Neck	_____ Forearm	_____ Thigh
_____ Back	_____ Wrist	_____ Knee
_____ Chest	_____ Hand	_____ Shin/Calf
_____ Shoulder	_____ Finger	_____ Ankle
_____ Upper Arm	_____ 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

An Equal Opportunity School District

September 2012



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

THE BUREAU OF FIRE STANDARDS & TRAINING

AT
The Florida State Fire College

11655 NW GAINESVILLE ROAD • OCALA FLORIDA • 34482-1486
352.369.2800 • WWW.FLORIDASTATEFIRECOLLEGE.ORG