



Florida Enrollment Agreement

Acknowledgement of Admission Packet - To Include:

“Check off” when Complete

- Policies and Procedures
- Florida Campus Class Enrollment Agreement
- Financial Agreement
- Student File Information
- Liability Waivers and Assumption of Risk
- ADA Allowance and Functional Job Description
- Emergency Contact and Medical Treatment

- Employer Fitness Statement OR
- Medical Fitness Statement

- Health Insurance Status
- Participation Statement
- Permission to Contact Employer / Third Party Reports
- Student Records Release Consent

I HAVE RECEIVED A COPY OF, HAVE REVIEWED, AND UNDERSTAND THE SCHOOL OF EMS ADMISSION PAPERWORK AND CATALOG, AND AGREE TO ABIDE BY ALL POLICIES THEREIN.

Print Name: (First Middle Last) _____

Student Signature: _____ Date _____

PRINT STAFF NAME: _____

Staff signature: _____ Date _____

School of EMS Southeast Regional Campus
2850 Scherer Drive, Suite 500
St. Petersburg, Florida 33716
888-390-5081



Florida Enrollment Agreement

Florida Campus Class Enrollment Agreement (1/4)

Applicant Name: _____

Program applying for: EMT (300 Clock hours) _____

Paramedic (1100 Clock hours) _____

Class Schedule: Class days and times to be filled in per each class, each class schedule will vary based on dynamic dating. The School of EMS’s general operating hours are 0900 – 1700 Monday through Friday, although some classes may meet at night or on weekends.

Start Date: _____ Anticipated Completion Date: _____

Anticipated months to complete: _____ (Varies per program schedule)

Credential Earned: Certificate of Completion, ability to test for state licensure

Total Program Cost: \$1500 (EMT) \$7500 (Paramedic)

Enrollment Fee*:	\$25*	\$25*
Clinical Fees*:	\$125*	\$125*
Uniforms**:	\$25**	\$100**
Technology**:	\$25**	\$550**
Books (Estimated)***:	\$150***	\$550***
Tuition:	\$1000	\$6000
Lab Fees:	\$50	\$50
Student Insurance:	\$100	\$100

*Denotes non-refundable fees per Refund Policy (attached)

**Denotes potentially non-refundable sales per Refund Policy (attached)

***Denotes estimated cost. School of EMS students must purchase books on their own. The School contracts with a vendor to offer discounted pricing if purchased as a bundle.

Terms of Payment

_____ Payment in Full: Tuition due by (date) _____

_____ Payment Plan (see attached)

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Florida Enrollment Agreement

Florida Campus Class Enrollment Agreement (2/4)

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed The dollar amount the credit provided to you or on your behalf.	Total of Payment The amount you will have paid after you have made all payments as scheduled.	Total Sales Price The total cost of your purchase on credit including your down payment of
0%	\$0	\$	\$	\$
YOUR PAYMENT SCHEDULE WILL BE:				
Number of Payments	Amount of each payment	When payments are due		
	\$	Beginning on ___/___/___ and on the same day each (check one) ___ weekly or ___ bi-weekly thereafter		

All prices for program are printed herein. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs. Contracts are not sold to a third party at any time. Cost of class is included in the price cost for the goods and services.

Refund Policy

All uniform sales are final and not included in this refund/return policy once the student takes possession of the uniform. For sanitary and infection control reasons, uniform fees may **ONLY** be refunded per this policy if the student never took possession of the uniforms and they remained in School of EMS custody.

Physical (non-electronic) books are purchased by the student and therefore subject to a third-party refund policy independent of this agreement.

Electronic Texts or Hybrid Codes (eBooks/ eLearning) grant access to the student based on the publisher issuing a unique access code, and thus cannot be returned or refunded once the student redeems/activates the code and gains access to the eBook.

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Florida Campus Class Enrollment Agreement (3/4)

All monies will be refunded, with the exception of uniform and book fees as noted above, if the student cancels within three (3) business days after signing the enrollment agreements. After three (3) business days, the enrollment fee of \$25 and clinical fees of \$125 become non-refundable. Non-refundable fees will not exceed \$150.

Students will be issued a full refund of all fees paid, with the exception of the non-refundable enrollment, clinical, uniform and book fees as noted above, if they withdraw within the first week of the program.

Students who withdraw after completing 40% of the program are responsible for the entire program costs.

Students, who withdraw after starting the second week of the program, but before completing 40% of the program, are charged a pro-rated amount of tuition, and eligible for a refund of the remaining monies paid. Students in this case are responsible for costs totaling the typical continuing education rate of \$8 per clock hour of instruction that occurred up until their withdrawal date, up to the total cost of the program. The difference between refundable program costs and this amount will be refunded. (For example, a student who withdraws after 50 hours of instruction will owe the school \$400 for tuition, and remaining eligible fees will be refunded.) This hour total is calculated based on instruction offered in that specific program/course regardless of whether or not the student actually attended specific class days or turned in assignments.

Refunds will be made within 30 days of the date that the School of EMS determines that the student has withdrawn. The School shall consider a student “withdrawn” once the program director receives a written or emailed withdrawal form and refund request form from the student; or once the Program Director signs the withdrawal form if the student is involuntarily withdrawn due to extended academic probation or a violation of the student conduct policy as detailed in the catalog. A Refund Request form MUST be received for a refund to be issued. This refund policy applies to all students regardless of the manner in which they leave the school.



Florida Enrollment Agreement

Florida Campus Class Enrollment Agreement (4/4)

Students may be withdrawn from the program if they fail to make verbal or electronic contact with their instructor or the School of EMS for two consecutive weeks, without prior notice and approval from their instructor.

Successful completion of all courses will qualify students to apply for the National Registry Examination for EMT or Paramedic. Graduates must become certified in the State of Florida in order to obtain employment in the state. Graduation from this program alone does not guarantee state licensure or certification.

*The School of EMS does **not** guarantee employment upon graduating from the program.*

I agree to the above terms and understand that failure to comply with financial obligations will be grounds for removal from the program. I understand that payment does not guarantee successful completion of the program or eventual licensure. I have been provided and read a copy of this agreement and the School Catalog and have reviewed the policies therein.

Print Name: (First Middle Last) _____

Student Signature: _____

Date _____

PRINT FLORIDA STAFF NAME: _____

Staff signature: _____

Date _____

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Florida Campus Financial Agreement (1/4)

THE SCHOOL OF EMS FINANCIAL RESPONSIBILITY AGREEMENT/PROMISSORY NOTE. I understand that I am registering for educational courses at the School of EMS (“School”) and that I am fully responsible for the cost and expense of all tuition, fees, and other related educational expenses associated with my enrollment and status as a student at the School (“educational expense”). I further understand that payment for any amounts due for these educational expenses must be made by the deadline that is published in this agreement. Should I incur any expenses for items not set forth therein, payment is due at the time they are incurred or I am otherwise informed they are due. Any payments not made by these deadlines will be considered an unpaid balance on my account. I understand and agree that by enrolling at the School, a student account has been opened in my name for the purpose of billing and collecting payment for educational expenses and that the School is thereby extending credit to me. I further understand and agree that my registration and acceptance of these terms constitutes a promissory note agreement (ie., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. section 532 (a)(8)) in which the School is providing me educational services, deferring some or all of my payment obligation for those services, and I promise to pay for those expenses. By executing this Financial Responsibility Agreement/Promissory Note, I agree to pay for these educational expenses and acknowledge that I understand and agree to the following terms and conditions.

1. I acknowledge that I will not be allowed to register for a subsequent course(s) if there is an unpaid balance due for the previous course or I have not made the appropriate financial arrangement to pay that balance.
2. I understand that the School may withhold further services/issuance of documents until payment is rendered as agreed. Services include but are not limited to the issuance of my grades, transcripts, and course completion document related to National Registry or the State by which my education was received and future enrollments.
3. I understand that in the event I withdraw from the School, I shall do so in accordance with the policy established by the School, which is available in the catalog. I hereby agree to pay the School for any and all applicable tuition and mandatory fees associated with these classes and that such charges shall be considered educational expenses to which this Agreement/Note applies.

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Florida Campus Class Financial Agreement (2/4)

4. I understand that in the event I withdraw from the School, I must notify by email the Lead Instructor or Program Director and complete the Course Withdrawal Form to cancel my course. I understand that I am responsible for paying all costs relating to my course(s) and that such charges shall be considered educational expenses to which this Agreement/Note applies. I understand that in order to receive a refund per the School's refund policy, I must complete a refund request form.
5. I understand that if I incur any additional charges that may increase or create a balance (i.e. bank returned checks), I am solely and fully responsible for payment of these charges and that such charges shall be considered educational expense to which this Agreement/Note applies.
6. I understand that in the event that I withdraw from the School, the School shall create a payment schedule under which I can make deferred payments toward the remaining applicable balance of my account as outlined in the refund policy, in order to repay the School. Due dates shall be set in accordance with the payment schedule established by the School. In the event I fail to make payment when due, the School shall assess, and I agree to pay, a finance charge on the unpaid balance of 3% per annum (computed on the basis of a 365 day year). Interest on the debt evidenced by this Agreement/Note will not exceed the maximum rate or amount of nonusurious interest that may be contracted for, taken, reserved, charged, or received under law. This provision overrides any conflicting provisions in this note and all other instruments concerning the debt.
7. I understand and agree that the School may use a collection agency to collect the debt for any unpaid balance owed to the School. Such agency must abide by the Fair Debt Collection Practices Act and other applicable laws and regulations. I further understand that I may be responsible for paying the collection agency fee, together with all cost and expenses, including reasonable attorneys' fees, necessary for the collection of my delinquent account/unpaid balance. This account may be reported to the credit bureaus as allowed by the Fair Debt Credit Reporting Act, and any default may have a negative impact on my credit rating.
8. I acknowledge and agree that the terms and conditions, including rights and remedies, under this Agreement/Note will also apply to any third party to whom the School may assign this note.

Florida Campus Class Financial Agreement (3/4)

9. I acknowledge and agree that any credit extended to me by the School as described herein constitutes a qualified educational loan for the payment of educational expenses as defined in the U.S. Bankruptcy Code section 523 (a)(8) and the Internal Revenue Code section 221 (d)(1). I understand and agree that should I declare/file bankruptcy, such loans cannot be discharged in bankruptcy.
10. This Agreement/Note shall be construed in accordance with the laws of the State of Texas, and any lawsuit to collect an unpaid balance may be brought in the appropriate court in the State of Texas, where the School of EMS is headquartered. In the event of litigation, I agree to pay all costs associated with such, including but not limited to attorneys' fees and costs of litigation.
11. I understand that I am responsible for maintaining my current address and phone number with my Lead Instructor or Program Director in writing. I authorize the School and their respective agents and contractors to contact me regarding my student account and unpaid balance, including payment of unpaid balance, at the current or any future number that I provide, including my cellular phone or other device, and emails, using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.
12. I understand that if I do not sign and complete this Agreement/Note, I will not be permitted to register for class(es).
I agree to provide my Social Security number (SSN) to the School upon request as required by Internal Revenue Service (IRS) regulations for form 1098-T, Tuition Statement, electronically from the School. I understand that if I do not consent to receive my Form 1098-T electronically, a paper copy will be provided. I understand that I can withdraw this consent or request a payer copy by contacting the Program Director.
13. I understand that this Agreement/Note may be modified by the School if the modification is signed by me. Any modification is specifically limited to those policies and /or terms addressed in the modification.
14. I understand that this Agreement/Note applies to all educational expenses incurred while I am a student at the School and that the execution of this Agreement on the date below reflects my understanding of the fact. I acknowledge that I understand I need not sign this Agreement more than one time while a student at the School in order to be bound by the terms contained herein throughout the duration of my status as a student at the School.



Florida Enrollment Agreement

Florida Campus Class Financial Agreement (4/4)

15. I understand and agree that should any provision of this Agreement/Note not be enforceable, that will not affect the enforceability of any other provision of this Agreement/Note.

By signing and completing this page, I signify my understanding and agreement to all of terms and conditions in this Financial Agreement/Promissory Note.

Student's Last Name, First Name (Please Print)

Social Security #

Student Signature:

Date

Birth Date:

Permanent Address:

City:

State

Zip

Personal Email Address:

Home/Cell Phone #

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Florida Enrollment Agreement

Student File Information

Name: _____

Complete Address: _____

Phone Number: _____ Other Phone: _____

Student Date of Birth: _____ SSN: _____

Student Driver License Number: (state _____) _____

E-Mail: _____

Emergency Contact Name: _____

Emergency Contact Phone Number(s): _____

_____ (Initial) If enrolling in **Paramedic Program** I understand that my Florida EMT certification must remain valid during the entire paramedic class.

Select One: _____ If enrolling in **Paramedic Program**: My Florida EMT certification does not expire until after the completion date of the program.
_____ If enrolling in **Paramedic Program**: My Florida EMT certification will need to be renewed during the program and that it is my responsibility to update the program coordinator upon completion of renewal. Failure to do so may result in dismissal from the program.

All EMS Students must answer the following: Have you committed a felony or misdemeanor in the past?

_____ Yes _____ No

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Florida Enrollment Agreement

Liability Waiver and Assumption of Risk (1/2)

The undersigned _____, (participant) voluntarily makes and grants this waiver and assumption of risk in favor of the EMS program in consideration of the opportunity to use the facilities, equipment, and materials of the program school and to receive training, education and/or instruction from the program school.

I hereby waive and release the program school from the following:

1. Any claim for in contact or personal injury, bodily injury, or property damage, losses, or death.
2. Any ADA concern, preexisting medical, physical condition, or previous injury undisclosed by me to the program school that would prevent me from performing any tasks related to the training/education, such as back injuries, pregnancy, heart condition, etc.. If you have any such conditions please disclose here:

3. I understand the building manager of the training site is responsible for any injuries caused by the building, e.g. a condition of maintenance or weather.

4. Refunds will only be issued as outlined in the program catalog and this enrollment agreement

5. I have been given access to the course admissions packet which includes the program policy and procedures and have been given an opportunity to ask questions prior to signing this form. I understand and shall adhere to the policy and procedures presented to me for this course.

If any dispute arises between me and the EMS program school, I agree to follow the grievance process outlined in the catalog

I understand and recognize that there are certain risks, and perils connected with training, education procedures, and tasks, which I hereby acknowledge have been fully explained to me and which I fully understand and nevertheless accept (including communicable diseases).

I further agree to use my best judgment in undertaking training and education tasks and to faithfully adhere to all safety instructions and recommendations, whether oral or written.

I understand that EMS course(s) provided are certificate of completion program(s).

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Florida Enrollment Agreement

Liability Waiver and Assumption of Risk (2/2)

I hereby certify I am a competent adult assuming these risks of my free will being under no compulsion or duress.

This waiver and assumption of risk is effective from the first day of class until NREMT/state testing and may not be revoked, altered, amended, rescinded, or voided without the express consent of program school.

Print Name: _____

Date Signed: _____

Signature: _____

SSN: _____

Witness Name: _____

Date Witnessed: _____

Signature of Witness: _____

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ADA Allowance and Functional Position Description – EMT / Paramedic (1/4)

Americans with Disabilities Act – Allowable Accommodations

The American with Disabilities Act (ADA) of 1990 has implications that pertain to licensure or certification. The law permits testing that requires the use of sensory, manual or speaking skills where the tests are intended to measure essential functions of the profession. For example, an applicant with reading difficulties is required to take a written exam since the ability to read is an essential function of EMS. Exams are designed at least in part to measure the student's ability to read.

A second example is dealing with skills proficiency verifications that must be performed within established time frames. Performing a skill within established time frames is required because speed of performance is an integral part of patient care.

Both the ability to read and the ability to perform skills within time frames are essential functions for an EMS provider. Therefore, in EMS, a person with a disability may not be denied the opportunity to take an examination; but this person shall be required to take a written exam and pass the skills proficiency verifications within established criteria.

The Functional Job Description, outlined at the end of this section, describes the required skills and job requirements essential to EMS personnel. This description will guide all accommodations permitted for the EMT and Paramedic students.

The following specific points pertain to those involved in EMS training and education programs.

- Students cannot be discriminated against on the bases of a disability in the offering of educational programs or services.
- There can be no accommodation during screening, evaluation, or course examinations that will compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the profession.
- Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the written certification exam and eligibility for an accommodation is determined on a case-by-case basis. In other words, just because a student was allowed an accommodation during the course does not guarantee an accommodation for the National Registry exam. Documentation confirming and describing the disability should be submitted according to policy for consideration

Reasonable accommodation is available to a student with disability when the disability affects the performance of job functions. We make our decisions based on the merits of the situation in accordance with defined criteria listed in the Functional Position Description, not the disability of the individual.

ADA Allowance and Functional Position Description – EMT / Paramedic (2/4)

Americans with Disabilities Act – Allowable Accommodations Continued

There are accommodations that are not allowed in the EMS Program because they are not in compliance with the essential job functions of an EMT or Paramedic as outlined in the Functional Job Description. These include, but are not limited to:

1. Students are not allowed additional time for skills with specific time frames.
 - Obviously patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.
2. Student are not allowed unlimited time to complete a written exam.
 - This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
 - Students must complete all missed written exams within 24 hours following the missed exam. Students who no call no show for an exam will receive a zero.
3. Students are not allowed to have written exams given by an oral reader.
 - The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.
4. Students are not provided a written exam with a reading level of less than grade eight.
 - The EMS profession requires a reading level of at least grade eight to work safely and efficiently.
5. Students must take all exams during the scheduled time, as a member of the enrolled class.
 - The ability to utilize knowledge on the spur of the moment is an essential task for EMT's and Paramedics.
 - Exams are given to elicit immediate recall and understanding of emergency situations.
 - Students will be permitted a private space to take the exam.
6. Students must answer all written test questions as written. No explanation of the question can be provided by the test proctor or any other individual.
 - Additional descriptions of test questions would not be a reasonable accommodation because reading and understanding written English is an essential part of EMS communication.
 - Student must be able to understand and converse in medical terms appropriate to the profession.
7. Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered very carefully, on a case by case basis. The safety and welfare of the community must be insured while providing full protection of the certification applicant's right. The main question to be considered is: with the accommodation being requested, can this individual perform the essential function of the job safely and efficiently? For more information on the American with Disabilities Act, please refer to the United States Department of Labor website at: <http://www.dol.gov>

ADA Allowance and Functional Position Description – EMT / Paramedic (3/4)

- **Introduction:**

The following general position description for the ECA/EMT/Advanced EMT/Paramedic is provided as a guide for advising those interested in understanding the qualifications, physical requirements, and environment from that which is required to obtain a certification in Emergency Medical Services. Each specific employer will define specific job descriptions within their own entity.

- **Qualifications:**

To qualify for EMS certification or licensure an individual must successfully complete a State approved course and achieve competency in each of the psychomotor skills. In addition the individual must achieve a passing score on the National Registry Computer Based Exam. The student must pass a background check completed by the State of Texas and hold a High School Diploma or GED certification. The student must be able to read and write in accordance with at least an 8th grade level.

- **Physical Requirements:**

The student is regularly required to use hands to finger, handle, or feel; reach with hands and arms; and talk or hear. The student frequently is required to stand and walk. The student is required to sit; climb or balance; step, stoop, kneel, or crouch. The student must frequently lift and/or carry a minimum of 125 pounds up to 200 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

- **Environment:**

Works outdoors and indoors with occasional exposure to hazardous conditions and to blood/body fluids, requires respirator use, fumes/odors, extended day, and temperature changes. Frequently works with others, face-to-face contact with others with exposure to noise mechanical equipment, and electrical equipment. Performs shift work and performs duties frequently in a mobile environment and in confined areas.

Non-Discrimination Statement: The school does not and shall not discriminate against employees, contractors, prospective students/participants, or enrolled students on the basis of race, color, religion (creed), gender, expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. If these questions are asked by the school it is mandated by local and/or federal agencies and/or certification/licensure agencies.

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Florida Enrollment Agreement

ADA Allowance and Functional Position Description – EMT / Paramedic (4/4)

I HAVE RECEIVED A COPY OF, HAVE READ AND UNDERSTAND THE ADA ALLOWABLE ACCOMODATIONS AND FUNCTIONAL JOB DESCRIPTION FOR THE EMS PROGRAM I HAVE ENROLLED IN.

Print Name: (First Middle Last) _____

Student Signature: _____

Date _____

PRINT STAFF NAME: _____

Staff signature: _____

Date _____

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Florida Enrollment Agreement

Emergency Contact Information and Consent for Medical Treatment

Student Information:

Legal Name (First, Middle, Last): _____

Home Address

(Complete): _____

Home Phone: (____) _____ Cell/Other Phone: (____) _____

Age: _____ Sex: _____ Date of Birth: ____/____/____

Student Emergency Notification: (In addition to notifying the school)

#1 Contact in Case of Emergency (Complete Name): _____

Relation: _____ Home Phone: (____) _____

Cell/Other Phone: (____) _____

#2 Contact in Case of Emergency (Complete Name): _____

Relation: _____ Home Phone: (____) _____

Cell/Other Phone: (____) _____

Known Allergies: _____

If I experience a need for medical attention and am unable to provide informed consent of treatment the school, clinical, and/or internship site has full discretion as to the level of care provided. I am aware that I am responsible for any charges that may arise regarding care provided.

Signature: _____ Date: _____

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Florida Enrollment Agreement

Employer Fitness Statement

Student Name: _____

Students are expected to be in good health since they will deal directly with patients in health care settings. The Emergency Medical Services (EMS) Program requires proof of a satisfactory level of health and may require proof of physical ability to meet program Essential Functions. Admission or progression may be denied if a student’s level of health is unsatisfactory or if physical limitations prevent a student from maintaining personal or patient safety during campus and clinical laboratories. Students are expected to be physically fit to undertake clinical assignments, be free of chemical dependency, and be mentally competent.

NOTE: Additional medical examinations and a specific release from a physician may be required at any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability, etc.) if it is deemed necessary for the faculty to evaluate the state of health.

****The student is currently employed and active in providing direct patient healthcare that would encompass the Essential Functions of an EMS professional. Based on the employee’s history and our employment requirements the student’s mental and physical health is sufficient to perform the classroom and clinical duties of an Emergency Medical Services student? (Refer to Program ESSENTIAL FUNCTIONS)

_____Yes _____No

Additional Comments:

Supervisor/Manager Name (Please Print) _____

Signature: _____

Address: _____

Date: _____

Phone Number: _____

Company / Agency Name: _____

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Florida Enrollment Agreement

Physician Fitness Statement

Student Name: _____

Students are expected to be in good health since they will deal directly with patients in health care settings. The School of EMS requires proof of a satisfactory level of health and may require proof of physical ability to meet program Essential Functions. Admission or progression may be denied if a student’s level of health is unsatisfactory or if physical limitations prevent a student from maintaining personal or patient safety during campus and clinical laboratories. Students are expected to be physically fit to undertake clinical assignments, be free of chemical dependency, and be mentally competent.

NOTE: Additional medical examinations and a specific release from a physician may be required at any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability, etc.) if it is deemed necessary for the faculty to evaluate the state of health.

****Based on the history and your examination, is this student’s mental and physical health sufficient to perform the classroom and clinical duties of an Emergency Medical Services (EMS) student? (Refer to Functional Position Description)

_____Yes _____No

Vision (corrected) _____ / _____ (uncorrected) _____ / _____

Additional Comments:

Physician / PA / CRNP Name (Please Print) _____

Signature: _____

Address: _____

Date of Exam: _____

Phone Number: _____

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Florida Enrollment Agreement

Health and/or Hospitalization Insurance Status (1/2)

Students who currently hold health and/or hospitalization insurance must provide a copy and/or proof.

*If coverage changes or ceases during program it is the responsibility of the student to inform the program director immediately.

ATTACH COPY of FRONT AND BACK OF CARD

School of EMS Southeast Regional Campus
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Florida Enrollment Agreement

Health and/or Hospitalization Insurance Status (2/2)

Students who currently do not hold health and/or hospitalization insurance must complete the waiver.

RELEASE OF LIABILITY /INDEMNIFICATION FOR HEALTH/HOSPITALIZATION AGREEMENT

I, _____ acknowledge that I currently do not hold health and/or hospitalization insurance. I, the undersigned, hereby knowingly and voluntarily waive, release, and discharge the program and its officers, employees, and agents (hereafter collectively "program") from any and all claims for damages for personal injury, including death, and damages to property. This release is intended by me to discharge in advance the program from and against any and all liability arising out of or connected in any way with my enrollment in the EMS Program.

I understand that as part of my participation in the EMS Program, I may perform, participate in, or observe a variety of activities or events, which can be dangerous. I further understand that in response to emergencies and rendering emergency life saving measures serious accidents can occur. I acknowledge that individuals engaged in or performing life-saving activities and functions occasionally sustain personal injuries, such as, but not limited to, lacerations, sprains, and possible exposure to and contraction of the HIV virus and/or other communicable diseases.

Knowing and understanding the risks involved in the EMS Program, nevertheless, I hereby agree to assume any and all risk of injury and further agree to indemnify and hold harmless the program, its officers, employees and agents from and against any and all judgments, claims, damages, of, connected with, or resulting from my enrollment in and participating in the EMS Program.

I acknowledge that I have read this document and that I am relying wholly upon my own judgment, belief and knowledge of the risks of injury to myself by enrollment in and participation in the EMS Program.

Dated this the _____ day of _____ 20 ____

Signature Printed Name _____

Witness Signature Print Witness Name _____

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Florida Enrollment Agreement

Participation Statement and Form (1/3)

Print Student Name: _____

EMS training requires the use of students to participate as simulated patients for other students to practice on. As such, there is a certain degree of physical contact between students and between the students and the instructor.

____ I agree to participate in a professional manner as a simulated patient for my fellow students.

____ I will immediately report any inappropriate behavior by other students or by the instructor to the program coordinator or program director.

____ I reserve the right to immediately stop any activity should I feel uncomfortable or in danger.

____ I agree to act in a professional manner when practicing skills on a fellow student.

____ I understand that some skills require a degree of body exposure. I agree to be respectful of the rights of privacy of fellow students and at no time will I expose areas of the body that would compromise modesty or create embarrassment. I understand that such behavior may result in termination from the EMS Program.

EMS training may be more beneficial if certain procedures be practiced on fellow students to gain proficiency prior to entering the clinical setting. As such, there are certain inherent risks associated with participating in such procedures.

____ I agree to participate as a patient for practicing and demonstration of intravenous therapy, phlebotomy (blood sampling), and sterile saline injections. I understand that there is a risk of injury associated with such practice such as infection, emboli, laceration, allergic reaction, and nerve and vessel damage.

____ I assume the risks associated with such procedures and agree to hold harmless and free of liability the school, its instructors, clinical preceptors, agents and representatives. I further assume all financial responsibility should treatment be needed. I understand that these rights are not waived in cases of negligence.

____ I understand that this participation is **voluntary** and that refusal will not affect my grade or status in the class.

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Florida Enrollment Agreement

Participation Statement and Form (2/3)

___ I agree to notify the program administrator prior to any such procedure should I have any condition, disease, or illness in which such procedures would put me or my fellow students at risk for injury or illness. Students with the following medical conditions shall be exempt from being a patient, but not limited to; bleeding disorders, sickle cell, autoimmune disorders, CDC blood borne diseases such as hepatitis, HIV/AIDS, and viral hemorrhagic fevers.

___ I understand that I may be practicing with actual medications and that under no circumstances will I administer these medications to another student or to myself. I understand that many of the medications are expired or have been replaced with saline or water, are not sterile, and are dangerous.

___ I agree to follow instructions and that, at no time, will I attempt any procedure until instructed to do so.

___ I understand that the defibrillators, monitors, and pacemakers used during training are capable of delivering electrical shock. I will always be aware of safety while handling such equipment and will never touch the paddle or patch surfaces, discharge the machine into the air, discharge the machine on or near other students or in any other way, or carelessly use the equipment.

___ I agree that I will never mishandle any equipment, manikin, or training aid in a manner which may damage the equipment or present a danger to me or other students. I understand that should I do so, I may be charged a replacement or repair fee for such damage. This does not include normal wear and tear or damage incidental to normal practice.

*** Initial only one of the two statements below. COMPLETE THIS BOX.**

*** ___ I DO NOT WISH TO SERVE, OR AM EXEMPT, AS A SUBJECT FOR IVs OR OTHER INVASIVE PROCEDURES. THE STUDENT IS RESPONSIBLE TO REMIND SKILLS INSTRUCTORS WHEN THEY ENTER A STATION OF YOUR DECISION.**

*** ___ I VOLUNTEER TO SERVE AS A SUBJECT FOR IVs AND OTHER INVASIVE PROCEDURES.**

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Participation Statement and Form (3/3)

EMS program may use video or still photography throughout program to aid in teaching or for use by the school in advertising or school social media platforms.

____ I agree to allow the school to video/photograph me during regular course activities.

____ I release all rights to said photographs and video used for training and advertising purposes and understand that all images become the property of the school.

____ I understand that such images will not be used in any manner that is intended to embarrass or disrespect me.

____ I understand that I may change the provisions of this waiver at any time by giving written notice to my instructor.

Student Signature and Initials

Date

Witness Signature

Date

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Florida Enrollment Agreement

Permission to Contact Employer/Third Party Reporting Services

I, *(print name)* _____, hereby authorize

The School of EMS to contact my employer after graduation or program completion in order to obtain placement information required by accrediting organizations, and to conduct employer surveys regarding the quality of preparation of the program/institution's education programs.

I also authorize The School of EMS to disclose pertinent information to the program Advisory Board, as may be necessary, for the sole purpose of course evaluations, employer evaluations, and yearly accreditation reports concerning program review agenda items.

I understand that the information obtained will be treated as confidential and that **NO** information on the report will be accessible to any party not directly involved, with the exception of employment verification to accrediting organizations referenced above.

Sign: _____

Date: _____

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Florida Enrollment Agreement

STUDENT CONSENT FOR RELEASE OF EDUCATION RECORD INFORMATION (1/3)

USE INK - PLEASE PRINT CLEARLY.

Program Records Policy requires the written consent of the student authorizing the disclosure of education record information from his or her record.

The authorization must include: the specific information to be released; the party or class of parties to whom the information is to be released; the purpose of the release; the date; and the student's signature.

*The program related to this form considers students 18 years of age or older an Adult and solely responsible. Student records are considered confidential and **cannot** be discussed or released with parental, family and/or any other third party **without** PRIOR written student consent regardless of financial dependence, interest, or involvement.*

1. **STUDENT CONTACT INFORMATION:** Please complete all information requested. **Print Legibly.**

STUDENT INFORMATION	SOCIAL SECURITY NUMBER (xxx-xx-xxxx)		BIRTH DATE (mm/dd/yy)	
	NAME (Last/First/Middle)		EMAIL ADDRESS	
	COURSE/PROGRAM ENROLLED WITHIN: <input type="checkbox"/> EMT <input type="checkbox"/> PARAMEDIC <input type="checkbox"/> ECA/EMR/First Responder		TELEPHONE NO.	
	CURRENT MAILING ADDRESS (include apartment number, etc.)	CITY	STATE	ZIP CODE

2. **TYPE OF RELEASE:**

- I wish to ALLOW ONE-TIME ONLY discussion and release of my student records.
- I wish to ALLOW discussion and release of my student records until revoked by me in writing and submitted to Registrar.
- I wish to REVOKE discussion and release of information I have on record for the following person/institution:

- I do NOT authorize discussion or release of my student records.

3. **STUDENT RECORDS TO BE RELEASED:** (check all that apply)

- Enrollment Records—(registration and/or enrollment information)
- Billing/Student Account Information—(billing statements, charges, payments, and/or balances)
- Financial Assistance Information—(financial awards, disbursements, eligibility, and/or status)
- Academic Progress—final grades/GPA (NOTE: does not include unofficial and/or official transcripts)
- Attendance—(daily attendance records)

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Florida Enrollment Agreement

STUDENT CONSENT FOR RELEASE OF EDUCATION RECORD INFORMATION (2/3)

4. **RECORDS RELEASE:** For releasing to person(s) not within an institution/company, write the person(s) name on the attention line and write N/A on the Institution/Company line.

INSTITUTION/COMPANY: _____

ATTENTION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ FAXNUMBER: _____

INSTITUTION/COMPANY: _____

ATTENTION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ FAXNUMBER: _____

5. **PURPOSE FOR DISCLOSURE OF RECORDS:**

Program reserves the right to withhold processing of student records release until ALL outstanding obligations are resolved by the student.

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STUDENT CONSENT FOR RELEASE OF EDUCATION RECORD INFORMATION (3/3)

6. **STUDENT SIGNATURE IS REQUIRED:**

My signature is authorization that I understand that the information specified on this form is being released to a third party at my request, with the understanding that this party will not release it to any other parties.

Program is here by released from all legal responsibility or liability for the release of the above-referenced information. I further understand and acknowledge that this request will not be processed without signature and valid photo ID presented at time of submission.

I understand that I have the right NOT to consent to this release of educational records, as well as the right to REVOKE this consent.

X	DATE OF REQUEST
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Program maintains all original signed consent forms. Students are advised to keep a copy of this form with their records.