

EMERGENCY MEDICAL TECHNICIAN

ADMISSION REQUIREMENTS

1. Applicants must at least 18 years of age in order to be nationally registered. If under 18 years of age, applicant must have a parent or guardian sign consent. (Note: Students under the age of 18 may not be eligible to apply for any credentialing until they reach the age of 18 years of age per the National Registry.)
2. Complete and submit the signed application with a \$100 NON-REFUNDABLE registration fee.
3. Complete and submit student's admissions form
4. Complete the High School Attestation form
5. Copy of social security card
6. Copy of driver's license
7. Submit payment for program tuition and applicable fees or secure funding for a career based loan. This is due on the first day of class.
8. Copy of High School Diploma, High School Completion, GED or equivalency:
 - a. The following apply only to students currently enrolled in High School.
 1. Students enrolling in their senior year of high school may register for the EMT program in their last 6 months of school but will not receive a diploma until completion of High School.
9. Provide proof of current CPR certification by the American Heart Association (AHA) healthcare provider or a state approved CPR provider or attend a mandatory training session at the institution. Students must have the Healthcare for BLS Providers course completed within 7 days of class starting. (CPR fees not included in tuition and an additional \$ 75.00 fee is charged for this course).
10. Provide a completed health physical form from a State of Florida licensed physician, Nurse Practitioner or Physician Assistant. You will find a copy of the physical examination form attached in this packet, at student services or on the school website.
 - a. The physical form must be turned in to the school no later than 7 business days unless instructed otherwise from the school director.

11. Provide vaccination or titer proof of the following:

- Measles, Mumps, Rubella (MMR).
- Negative skin test for tuberculosis (**PPD** or TB skin test). Tuberculosis test cannot be more than 12 months old. If applicant tests positive historically or currently, a chest x-ray is required.
- Hepatitis B vaccination series; or proof of immunity; or a signed Hepatitis B declination form. The Hepatitis B vaccination is highly recommended for students to have. For more information on the Hepatitis B disease students are strongly encouraged to read more at; www.cdc.gov. Influenza vaccination for the current year or a signed refusal form. During certain time of the year a vaccine may not be available.
- Tetanus vaccination within 10 years.

12 Students must be able to pass a background check. Students may go to the Florida Department of Law Enforcement website, complete a background search and bring the results to student services. For background information go to; www.FDLE.org. If a student has a felony or misdemeanor conviction, they are advised to contact the Florida Department of Health to see if they are eligible for licensure. If you have questions regarding a past legal issue contact the Florida Department of Health EMT/PMD/Rad Tech Certification at 4052 Bald Cypress Way, BIN C85 Tallahassee, Florida, 32399-3285, 850-488-0595, www.doh.state.fl.us/mga/EMT-Paramedic or www.FLhealthsource.com

13 Students must take a drug test. The drug test results must be turned in prior to beginning externships. Students with a positive drug test **MUST** submit a note from a doctor on office letterhead if the positive findings are due to medications. If a student(s) testing positive are required to submit a new drug test within 7 days of the first one. A third positive drug test will prevent the student from enrolling in any MCI course.

Additional information

1. The course cost is \$2,050.00 which includes; tuition, books, online resources, student handbook, lab fees.

 - a. Full payment is due on the first day of class or students may opt to do an in-house payment plan for an additional fee of \$75.00.
 - b. If students do the payment plan a down payment of \$800.00 is due on the first day of class with the remaining balance being paid prior to graduation
 - c. Second payment will be due 30 days from the first day of class and the balance paid 60 days from the first day of class.

 2. Students that do not have a CPR for Healthcare provider card may opt to do the online portion at the American heart. Student(s) will log onto; www.heart.org, click on ECC on the top of the page, scroll to the left click healthcare providers and pick: BLS HealthCare Provider Online Part I. After they complete the online portion a student must find a center to complete Part II the skills portion. If a student wishes to complete the skills portion at MCI they must print the completion certificate, bring it to the school and pay a fee for testing.
 3. Students are required on the first day of class to wear blue Dickie pants which may be purchased at Wal Mart, a plain white T-shirt, black utility belt and black steel toes boots. Students will wear the white t shirt until they receive the EMT Polo shirt.
 4. Students will need to have a watch with a second hand, stethoscope, and small pocket size hand book and trauma shears.
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PRN Services, Inc.

Nursing and Allied Health Students: Get all of your required healthcare needs at one convenient location

BY APPOINTMENT ONLY

239-281-0567

2734 Oak Ridge Ct., Suite 401
Fort Myers, FL 33901

Off Evans between Colonial Blvd. and Winkler Ave.

Services provided at competitive rates:

- Health History and Physical
- Blood Tests for Immunology
- Immunizations, including influenza
- Drug Screens, Oral or Urine
- TB Skin Tests (not done on Thursdays)
- TB Blood Test* (instead of TB skin test or Chest X-Ray)

*TB Quantiferon Blood Test is a CDC approved blood test to determine Tuberculosis exposure. This test can differentiate between BCG Vaccination and actual exposure to the bacteria. This blood test is used to replace the Chest X-Ray and the outdated PPD skin test. It reduces the incidence of false positives and false negatives in individuals that cannot have the TB skin test.

- By appointment only please
- Monday – Friday 9 am to 5 pm
- Other hours by special request when available
- Call or request your appointment online at www.prn-services.com
- Doing business since 2006
- VISA, M/C, DISCOVER, AMEX, GOVT AND BUSINESS CHECKS ACCEPTED (NO PERSONAL CHECKS)

Physician Prescription Provided

PRICING LIST

Effective September 1, 2014

HISTORY AND PHYSICAL	\$55.00
DRUG SCREEN, 6-PANEL ORAL	\$50.00
DRUG SCREEN, 5-PANEL URINE	\$40.00
DRUG SCREEN, INSTANT 5-PANEL URINE	\$35.00
DRUG SCREEN, 10-PANEL URINE	\$45.00
DRUG SCREEN, INSTANT 10-PANEL URINE	\$40.00
TB PPD SKIN TEST	\$15.00
HEPATITIS B VACCINE, EACH	\$60.00
MMR VACCINE, EACH	\$78.00
VARICELLA, EACH	\$116.00
TDAP	\$60.00
INFLUENZA	SEASONAL MARKET PRICE
BLOOD TITER, HEPATITIS B	\$40.00
BLOOD TITER, MEASLES	\$30.00
BLOOD TITER, MUMPS	\$30.00
BLOOD TITER, RUBELLA	\$30.00
BLOOD TITER, VARICELLA	\$30.00
BLOOD TEST FOR TB*	\$85.00

Prices subject to change with manufacturing price changes

Quality Health Care for Health-Care Students



Medical Career Institute

Training Tomorrow's Professional

Medical Career Institute
27975 Old 41 Road, Suite 201
Bonita Springs, FL 34135
Office: (239) 992-4MCI
Fax: (239) 405-8024

Student Application Please Print Clearly

Non Refundable Registration fee \$100.00

First Name:	Last Name:
Home Phone:	Cell Phone:
E-Mail Address:	

Home Address		Mailing Address (If Different)	
Street:		Street:	
Apartment #:		Apartment #:	
City:		City:	
State:	Zip Code:	State:	Zip Code:

Date of Birth:	Social Security #:
Driver's License #:	DL State of Issue:

Race:	Ethnicity:
Sex:	Marital Status:
	Number of Dependents:

Emergency Contact	Preferred Contact Method
Name:	D Email D Text Messaging oOther Please list:
-Relation:	
Address :	List Cellular Provider for Text Messaging
Phone #:	Cell #:

Education

High School Information:

- High School D GED D Equivalent Diploma Name of High School Attended: _____
Year of High School Graduation: _____

PLEASE PICK ONE OF THE ITEMS BELOW

High School Graduate Only Some College Associates Degree Bachelor's Degree Master's Degree

Military

Have you ever served in the armed forces: YES/NO Are you a Disabled Veteran: YES/NO

Disability

Do you have or have been diagnosed with a learning disability: YES/NO
Do you require any special accommodations for a disability: YES/NO
If you yes to any of the above can you provide medical documentation of the disability: YES/NO

How did you hear about us?

Friend internet Radio Newspaper Job Fair High School Flyer
 Department Flyer Other: _____

Courses Interested In

(Check all that Apply)

EMT Paramedic FF II & II ACLS PALS ITLS AMLS Other: _____

Course	Registration Deadline	Start Date	End date
EMT			
<input type="checkbox"/> Lee County B Shift, except weekends			
<input type="checkbox"/> Tues, Thurs night and Saturday day			
<input type="checkbox"/> Online/Hybrid Class			
Paramedic			
D B Shift			
<input type="checkbox"/> Tuesday Only			
<input type="checkbox"/> Wednesday Only			
<input type="checkbox"/> Online/Hybrid			
Firefighter I & II			
<input type="checkbox"/> Monday/Wednesday & Friday Nights 1-2 Sundays per month			
AS Degree			
<input type="checkbox"/> Emergency Medical Services			
<input type="checkbox"/> Fire Science Technology			

Student Shirt Size: _____

Student Signature: _____

Date: _____

Administrator Only

Admission Date: _____

Admission Rep: _____

Date Registration Fee Paid: _____

Did student supply Disability
Forms: YES/NO
Are they attached: YES/NO

Circle one:
Cash - check - credit card -
Amount Paid: _____

Admissions Form

Prior to admissions into any program offered at MCI, the student must complete this form

Student Name: _____ Date: _____

Program applying for:

EMT Paramedic Fire Fighter I & II

AS Degree in EMS AS Degree in Fire Science Technology

Other:

Have you been advised that the course you about to take requires a state licensure exam in order to become employed in the state of Florida. YES /NO

Did MCI advise you that they are a training Education Institute only and DONOT promise job placement YES /NO

Did MCI advise you that if you have been convicted and/or arrested for a crime to contact the licensing Bureau for clarification before applying to the program. YES /NO

Have you been advised that you will need to have access to a computer and internet for this program YES /NO

Complete the bottom part for Distant Education Programs (online/Hybrid)

You will need at a minimum the following basic skill requirements for Distant Education Courses;

- Ability to use email
- Ability to use word processing programs
- Ability to save documents
- Basic knowledge on internet navigation and searching
- Ability to install new hardware
- Ability to use Micro Soft

Do you have basic computer knowledge

YES /NO

Please rate how strongly you agree or disagree with each of the following statements.

Please Select at least one answer per question

1. I have a minimum of (2-4) hours a night to devote to a class that meets either 1-3 days a month in person, or is completely taught online.

Strongly Agree Agree Disagree Strongly Disagree

2. I understand that Distance Education courses have the same *level* of difficulty as in-person classes.

Strongly Agree Agree Disagree Strongly Disagree

3. I manage my time effectively and almost always meet deadlines without having to be reminded.

Strongly Agree Agree Disagree Strongly Disagree

4. I am a disciplined student, I make a study plan, and I can usually stick to it.

Strongly Agree Agree Disagree Strongly Disagree

5. I have good writing skills and can effectively communicate my ideas in writing using an internet-connected computer.

Strongly Agree Agree Disagree Strongly Disagree

6. I usually read directions carefully and am able to figure things out on my own; however, I am not afraid to ask for help when I need it.

Strongly Agree Agree Disagree Strongly Disagree

7. I have basic computer and Internet skills. I know how to: use a word processing program; use the Internet, download software, change settings on my browser, and install plug-ins; send, receive, and open email messages with attachments.

Strongly Agree Agree Disagree Strongly Disagree

If you answered disagree or strongly disagree to any of the above questions, MCI strongly suggests picking a program taught via a classroom setting.

MEDICAL CAREER INSTITUTE
STUDENT PHYSICAL FORM

TO: Medical Career Institute
27975 Old 41 Road, Suite 201
Bonita Springs, Fl 34135
Office: (239) 992-4624 -(239) 992-1624
Fax: (239) 405-8024

DATE: _____

_____ is enrolling in the: EMT Paramedic
course at MCI and will have to perform physical tasks during the course. The above
patient has been examined by me and found to be in good physical condition free of
communicable diseases and is physically able to participate in the healthcare programs
offered by MCI.

Does the patient above have any medical or physical restrictions that would cause
him/her to not participate in the enrolled programs: YES / NO

If yes please list restrictions below or attach a detailed sheet to this form along with
the type of restrictions and the duration.

Please list all the Medications the patient is currently taking:
Attach a separate sheet if needed

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**Below are the required vaccinations/titers & tests that the patient must
have for the EMT & Paramedic program.**

The tuberculosis test must be less than 12 months old before enrolling in the
program. For patients testing positive a chest x-ray is required and must be attached.

Results of tuberculosis test: Date: _____ Negative: _____ Positive: _____

MMR Vaccines (Measles, Mumps, Rubella) or Titer: Date: _____

Hepatitis B Vaccine series or titer (recommended, not mandatory): Titer date:

Dates: 1st _____ 2nd _____ 3rd _____

MEDICAL CAREER INSTITUTE
STUDENT PHYSICAL FORM

Flu Shot Vaccine: Yes / NO If yes Date: _____

The Flu shot vaccine may be seasonal and not available during certain times of the year. Students will be given the option to sign a flu vaccine refusal waiver if they wish to not receive the vaccine or if the vaccine is unavailable. However, the externship site may mandate this vaccine for the student.

Proof of having had Chicken Pox or titer: Date: _____

Tetanus vaccine date: _____

Drug Test: Students are required to have a 10 panel urine drug test completed for the EMT and Paramedic program.

This is not being requested by a doctor so not prescription or order will be attached. The drug test is strictly for educational purposes ONLY and not intended for employment. The externship sites have required that ALL students attending their sites have a drug test.

Please attach the results in a sealed office envelope with the doctor/clinics office letterhead to this form or fax them to (239) 405-8024

Drug Test taken: YES / NO

Date of Drug Test: _____

Did doctor's office attach drug test results in sealed envelope: YES / NO

For Physician use only

Physician's Name (Please Print)

Physician's Signature

Address

City

State

Zip Code

L_____)_____
Phone Number

Student's Signature

Date

FLU WAIVER FORM

Please mark one of the following:

- I do have the flu vaccine
 I do not have the flu vaccine

I, _____ understand that the Flu vaccine might be mandatory for clinical and field internships. If *in* the case that the clinical or field site mandate such vaccine, I must comply with policy and either receive the vaccine or wear an approved face mask if allowed. I am signing this form for either refusal of the vaccine or I have already been vaccinated.

By. Signing this form, you agree to the above mentioned terms.

STUDENT PRINT NAME

STUDENT SIGNATURE

DATE

Attestation of High School Graduation or Equivalency

High school graduation or its equivalent is a requirement for admission to Medical Career Institute (MCI). Students are required to attest that they are a high school graduate, or possess completion of the equivalent prior to enrollment. Medical Career Institute will make every attempt to verify the veracity of this attestation. If MCI is unable to verify successful completion of high school, or its equivalent, it is the responsibility of the student to ensure that official proof of high school completion, or its equivalent, is provided within 30 days of enrollment.

Failure to comply with this requirement will result in immediate dismissal from the MCI and forfeiture of credits.

Verification of high school graduation, or its equivalent, may be provided in the form of an official transcript or other approved documentation that confirms graduation from high school or its equivalent. Verification documentation that satisfies requirements is approved by the Program Director. Examples of acceptable verification are listed below:

- o Form 00214: Veterans may submit a 00214 that indicates high school graduation. (Please note that not all DD214 documents contain this information). Form DD214 is usually free for veterans and can be obtained in ten (10) working days or less at the following website:
<http://www.archives.gov/veterans/military-service-records/>
- o Form DD1966: *Service* members may submit a DD1966 that indicates high school graduation
- o Military Statement of Service: Active duty *service* member may submit a *Military Statement of Service Memorandum* annotated by his/her personnel or administrative office indicating completion of high school or its equivalent
- o Other official military records documenting high school graduation or equivalent may be submitted subject to approval by the Registrar
- o Associate of Arts, Associate of Science, Associate of Applied Science, Bachelor of Arts, or Bachelor of Science degree awarded from any school accredited by an accrediting body recognized by the US Department of Education or the Council for Higher Education Accreditation, or foreign equivalent - Official Transcript must be provided to satisfy requirement

These documents must be submitted to the student services offices within 30 days of enrollment. Failure to comply with this requirement will result in immediate dismissal from the MCI and forfeiture of credits. The applicant/student bears the responsibility for securing these documents and submitting them appropriately.

Students seeking admission to the institution with a high school diploma completed in a foreign country must provide an original United States-equivalency evaluation from an evaluating agency that is a member of the National Association of Credential Evaluation Services (NACES) (www.naces.org) or the Association of International Credential Evaluators, Inc. (AICES) (www.aice-eval.org). All costs of the evaluation of a foreign transcript is the responsibility of the applicant.

I attest that I am high school graduate, or possess completion of the equivalent prior to enrollment. I understand that I am ultimately responsible for securing and providing proof of this within 30 days of enrollment to Medical Career Institute. I understand that Failure to comply with this requirement will result in immediate dismissal from the MCI and forfeiture of credits.

Student Signature

Date