



## SOUTHWEST FLORIDA PUBLIC SERVICE ACADEMY

4312 MICHIGAN AVENUE, FORT MYERS, FL 33905  
Phone: 239-334-3897 [www.swfpsa.org](http://www.swfpsa.org) Fax: 239-334-8794

Todd Everly, Academy Director

### LETTER OF INTENT FOR ADMISSION INTO EMS PROGRAMS

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Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I have reviewed the minimum requirements to attend an EMS Programs course.  
By checking the associated box, I agree and certify that:

- I will be at least 18 years of age *on the first scheduled day of class.*
- I will have a high school diploma or GED® from an acceptable accredited agency *on the first scheduled day of class.*

**High school applicants must include a letter of recommendation from the school principal.**

- I am a legal United States resident.
- I have a valid Florida driver's license.
- I **DO NOT** have a dishonorable discharge from any United States armed forces.
- I have **NOT** been convicted of any felony.
- I have **NOT** been convicted of a misdemeanor involving perjury or false statement.

*I will complete a digital background check before the submission of my application.*

*I have been made aware of and understand the following:*

- If you have ever been convicted of, pled no contest to, regardless of adjudication, to a crime in any jurisdiction, you may be required to submit documentation as required by the Florida Department of Health. More information is available at:  
<http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/licensing/index.html>
- The Bureau of Emergency Medical Services has created guidelines for specific offenses to be cleared in the certification office; however, staff cannot make determinations in advance as laws and rules do change over time. Crimes that cannot be cleared by staff will be sent to the Bureau of Emergency Medical Services for review. **SWFPSA makes no guarantee that any specific offense will be cleared as this is beyond our control.**

I have reviewed this form, understand the requirements, and it is my intent to apply.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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By checking the associated box, I agree and certify that:

- I understand that it is highly recommended to be tobacco free for a minimum of 12 months prior to attending class and agree to not use tobacco on campus.
- I have **NOT** used any illicit drugs in the past 5 years.
  - I will complete a certified drug test before the submission of my application.*
- I have successfully completed an American Heart Association BLS course.
- I will adhere to "Specific Requirements for Immunity" (*separate form*)
  - I will share immunization records and/or health forms as required for EMS Program admission and ongoing participation.*
- I will review and adhere to the Student Handbook and Policy Manual  
This document is available to review at <https://swfpsa.org/documents/>
- I grant permission to the School District of Lee County, Fort Myers Technical College, and/or Southwest Florida Public Service Academy representatives, employees, and/or vendors to take, reproduce, distribute, or otherwise share any portion of photographs or videos taken of or including me while participating in educational events. This media may be published for any legal purpose, including promotion, which can include but is not limited to, books, cards, calendars, invitations, social media, and websites without any compensation or recognition given to me. Furthermore, I grant creative permission to alter the photograph(s). I do not grant permission for resale or use the photographs in a manner that would exploit or cause malicious representation toward me.

I have reviewed this form, understand the requirements, and it is my intent to apply.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_