



SOUTHWEST FLORIDA PUBLIC SERVICE ACADEMY

4312 MICHIGAN AVENUE, FORT MYERS, FL 33905
Phone: 239-334-3897 www.swfpsa.org Fax: 239-334-8794

Todd Everly, Academy Director

READ THIS FORM BEFORE STARTING THE STUDENT APPLICATION Place this completed checklist in the front of your packet.

All copies/ documents must be on 8.5" x 11" paper. SWFPSA will not make copies of any original documents. Incomplete applications will not be processed. Unaccepted applications may be picked up within 30 days of the course start date prior to being destroyed.

EMS Program Student Application Checklist

- Letter of Intent
- Copy of Admission Essay
 - Must also be e-mailed to EMS Program Coordinator
- TABE/CASAS test scores - Copy of results within 2-years of course start date.
- Program Registration Form
- FERPA Form
- Florida Residency Declaration Forms - review for completion.
 - Read directions to **understand the difference between independent/dependent.**
 - Copies of required documentation to prove residency
- Copy of valid driver's license or birth certificate showing proof of age (18+ years old)
- Copy of AHA BLS Healthcare Provider card (front and back) or eCard printout
 - A copy of the course roster may substitute if your eCard has not been received.
 - A copy must be uploaded and accepted as valid by Castlebranch.
- Original SWFPSA EMT Program Health Report signed by a healthcare provider.
 - EMT Health Requirements/ Immunizations must be completed in CastleBranch.
 - A copy must be uploaded and accepted as valid by Castlebranch.
- Copy of High School Diploma
- Official Transcript of High School Classes - **Attention: EMS Programs Bursar**
 - This can be hand delivered or mailed to the Academy.
 - This must be in an envelope sealed and stamped by the educational institution.
- Copy of College Degree (if applicable)
- Official Transcript of College Classes (if applicable) - **Attention: EMS Programs Bursar**
 - This can be hand delivered or mailed to the Academy.
 - This must be in an envelope sealed and stamped by the educational institution.
- If applying for Financial Aid: start the financial aid process with FMTC.

I have reviewed this form and understand the terms, conditions, and requirements of application.

Name: _____ Signature: _____ Date: _____