



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

LETTER OF INTENT FOR ADMISSION INTO EMS PROGRAMS

Page 1 of 2

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 upon conditional acceptance to the course.

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 upon conditional acceptance to the course.

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/>

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

Name: _____ Signature: _____ Date: _____