



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. Application **MUST** be in the order of the checklist below; incomplete applications **will not** be processed. Unaccepted applications may be picked up within 30 days of the course start date prior to being destroyed.

Paramedic Program Student Application Checklist

- Letter of Intent
- 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 showing proof of age (18+ years old)
- Copy of AHA BLS Healthcare Provider card (front and back) or eCard printout
- Copy of High School Diploma
- Official High School Transcripts - **Attention: Paramedic Program Bursar**
 - This can be hand delivered or mailed to the Academy.
 - This must be in an envelope sealed and stamped by the educational institution.
- Official College Transcripts (if applicable) - **Attention: Paramedic Program Bursar**
 - This can be hand delivered or mailed to the Academy.
 - This must be in an envelope sealed and stamped by the educational institution.

Must have the following completed by: March 1, 2025

- 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 AHA BLS Healthcare Provider card submitted to CastleBranch.
- Background Check and Drug Test results in CastleBranch.

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

Name: _____ Signature: _____ Date: _____