



## 2018 - 2019 EMT-Basic Application

### Our Mission

***To Educate...Facilitate...Motivate***

and prepare our students to proudly serve the community and continuously uphold our

***"Commitment to Excellence"***

*You are now completing page 1 of 3*

### The Application Process

**PLEASE READ THIS CAREFULLY**

You are completing the online application for the Coral Springs Regional Institute of Public Safety's EMT-Basic program. Upon successful completion of this 306 hour program you will receive a Certificate of Completion and be eligible to take the Florida state EMT exam and also the NREMT.

This application is 3 pages and the student is required to complete all three.

**Page 1:** EMT-Basic Application (this page).

**Page 2:** Select the class start date.

**Page 3:** Application payment.

All students are required to complete this application along with satisfying the registration payment in order to apply.

You will be asked to upload several multipage documents. You must upload them as a single PDF document. Partial uploads will be considered incomplete and the application will not be approved.

Please be advised you are entering into a binding contract with the Coral Springs Regional Institute of Public Safety.

*Applications will not be reviewed without a paid application fee. If the application fee is not paid, your application will be set to incomplete and you will risk the class being sold out.*

The email you identify in this application will be used as the primary means of communication, including informing you of your application status. Check your email regularly!

**All applications are pending until they have been reviewed for accuracy and the student is notified of acceptance. Students will be notified during the Notification Period as outlined on the Academic Calendar and on the website.**

Thank you for choosing the Coral Springs Regional Institute of Public Safety as your educational provider.

## Did You Do Your Due Diligence?

Deciding to enroll at the Coral Springs Regional Institute of Public Safety to pursue your dream of becoming a Firefighter/EMT/Paramedic in the State of Florida is a huge step. This is a para-military organization that will require you to excel on every level in order to achieve success. It takes a tremendous amount of dedication and sacrifice to achieve your career goals. On our website, we have taken measures to assist you in choosing the right class that makes the most sense for you. Please be sure you review it carefully in order to understand what will be expected of you.

The *Program Catalog and Student Reference Guide* is available to you 24 hours a day, 7 days a week on the CSRIPS website (<http://www.csrips.org/>) when you hover on the About Us tab. It is up to you, **the student**, to review the catalog and understand the refund policy, the code of conduct and rules and regulations you will be held to. There will be an open book exam on this catalog upon acceptance of the program. The intent is not fail the student but to ensure the student is aware of the rules and knows where to find them.

**Did you thoroughly read the 'Becoming a Florida EMT' section prior to applying?**

Yes  No  Not Selected

Required

**Did you review the Refund Policy?**

Yes  No  Not Selected

Required

## Student Information

If you are a returning student, please enter the primary email you have on record. A different email will cause a duplicate record to be created and may delay your application in being processed.

Please be sure to enter your legal name (no nicknames).

**Your middle name is required by the State. Please enter your full middle name, not just the initial. If you DO NOT have a legal middle name, please enter None.**

**Program**

Required


**Email**

Required

**First name**

Required

**Middle Name**

<b>Last name</b>	<input type="text"/>	Required
<b>Street</b>	<input type="text"/>	Required
<b>Unit #</b>	<input type="text"/>	
<b>City</b>	<input type="text"/>	Required
<b>State/Province</b>	<input type="text" value="..."/>	Required
<b>Zip/Postcode</b>	<input type="text"/>	Required
<b>Cell Phone</b>	<input type="text"/>	Required
<b>Birth Date</b>	<input type="text"/> 	Required
<b>SSN</b>	<input type="text"/>	Required
<b>Diploma or Transcript (GED accepted also)</b>	<input type="checkbox"/> <input type="button" value="Upload"/> <input type="button" value="X"/>	Required
<b>Drivers License (or state issued ID)</b>	<input type="checkbox"/> <input type="button" value="Upload"/> <input type="button" value="X"/>	Required
<b>Birth Certificate (only if you do not have a DL or state ID)</b>	<input type="checkbox"/> <input type="button" value="Upload"/> <input type="button" value="X"/>	
<b>FCDICE</b>	<input type="text"/>	Required
	<i>Click here (<a href="https://csfa.orbund.com/einstein-freshair/custom/coralSprings/csfa_fcdice_instructions.html">https://csfa.orbund.com/einstein-freshair/custom/coralSprings/csfa_fcdice_instructions.html</a>) for instructions on how to obtain an FCDICE number.</i>	
<b>Shirt Size</b>	<input type="text" value="..."/>	Required

## American Data Bank - Complio

Broward Health has contracted with American Data Bank to verify all medical history, complete a Level 2 background check and also complete a 10 panel drug screening. Upon acceptance into the program, the student will receive instructions on how to register for the Complio system. No refund will be given if the student does not pass the Broward Health background check or 10 panel drug screening. Information required by Broward Health is part of the graduation requirements from CSRIPS. If the student does not comply with Broward Health Hospital requirements, the student will not be able to complete their hospital rotations and will be dismissed from CSRIPS.

<b>Ethnicity</b>	<input type="text" value="..."/>	Required
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Gender

Required

## Emergency Contact Information

In the event of an emergency, who should we notify?

Contact Name

Required

Relationship

Required

Home Phone

Work Phone

Cell Phone

Required

## Parent/Guardian Information

If you are under the age of 18, please complete the following information.

Guardian Name

Relationship

Phone

Email

## Pre-requisites

This list is not all inclusive. Upon applying for the EMT-Basic program and the close of the registration period, students will receive emailed instructions on clinical and ride along rotation documentation, a rules and regulations review, and also flu vaccine due dates if applicable. All of these will have documented due dates that must be met otherwise the student will be subject to disciplinary actions.






Flu season is considered to run from October 1 thru April 30. The hospitals the student complete their clinicals with require all students to have a current flu vaccine on file. The flu vaccine cannot be given prior to August 15 in order to be considered valid for the upcoming flu season.

Insurance Card

Required

# Medical Exam Details

Please take the information from your medical exam to complete the following fields.

<b>PPD/TB Date</b>	<input type="text"/>		Required
<b>Chest X-Ray</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Selected <i>If applicable (If Positive PPD)</i>		
<b>Chest X-Ray Date</b>	<input type="text"/>		
<b>Varicella</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Selected <i>Yes or No (Declined Varicella)</i>		Required
<b>Varicella Date Given</b>	<input type="text"/>		
<b>Hep B Consent</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Selected <i>No indicates Decline Hep B Vaccination</i>		Required
<b>Flu Vaccination</b>	<input type="button" value="() Upload X"/> <i>Will need to be uploaded prior to October 1</i>		
<b>Flu Vaccine Date</b>	<input type="text"/>		
<b>Medical Exam Page 1</b>	<input type="button" value="() Upload X"/>		Required
<b>Medical Exam Page 2</b>	<input type="button" value="() Upload X"/>		Required
<b>Date of Medical Exam</b>	<input type="text"/>		Required
<b>Physician Name</b>	<input type="text"/>		Required
<b>Physician Phone</b>	<input type="text"/>		Required

## CPR Requirements

All students are required to hold a valid BLS Healthcare Provider card issued by the Coral Springs Regional Institute of Public Safety. If your card is not valid, you will be required to register for and complete the BLS Healthcare Provider course ([https://csfa.orbund.com/einstein-freshair/scart/available\\_class\\_list\\_by\\_course.jsp?id=39&subjectid=4006726&pageType=3](https://csfa.orbund.com/einstein-freshair/scart/available_class_list_by_course.jsp?id=39&subjectid=4006726&pageType=3)) no later than 2 weeks prior to the start of class.

If you are in possession of a valid BLS Healthcare Provider card issued by the Coral Springs Regional Institute of Public Safety, please upload a copy of the card (both sides in a single PDF upload) here along with the issue date. You must have a valid card for the duration of class. If your card expires during class, you will be required to attend another BLS Healthcare Provider class conducted by CSRIPS to receive a valid card.

### CPR Card

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CPR Card Issue Date

CPR Card Expiration Date

## Individual Education Plan (IEP)

It is the responsibility of the Chief Training Officer to ensure the Coral Springs Regional Institute of Public Safety is in compliance with the Americans with Disabilities Act. The ADA provides civil rights protection for persons with disabilities. These rights are parallel to those rights that have been established by the federal government for women and minorities. A qualified individual with a disability cannot be denied admittance to participation in or benefit from goods services, facilities, programs, privileges, advantages, or accommodations at the Coral Springs Regional Institute of Public Safety.

If a student enrolls in CSRIPS and he/she has a disability, it is the responsibility of the student to indicate they possess an IEP on this application. Only Transition IEP's from a school district are accepted. IEP's must be declared at the time of application and there is no guarantee that accommodations can be granted. A review with the Chief of Training and Accreditation Coordinator will be conducted prior to acceptance into the program. No IEP's will accepted after registration closes.

For further information regarding a student with an IEP, please refer to the Americans with Disabilities Act section of the *Program Catalog and Student Reference Guide* on the csrips.org website.

Please keep in mind there are Special Requirements outlined in the *Program Catalog and Student Reference Guide* for the Firefighter I & II program. Although not specifically tested for prior to admission, these requirements are directly related to the job of a Firefighter. Further job requirements and restrictions can be found at on the website of the Division of State Fire Marshal. (<http://www.myfloridacfo.com/Division/SFM/BFST/Standards/default.htm>)

IEP

Yes  No  Not Selected

Required

IEP Document

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## Student Enrollment Agreement (SEA)

Students will be provided the Student Enrollment Agreement (SEA) once they are **accepted** through their MyCSRIPS student portal. The SEA must be accepted in order for the student to complete the registration process. This document will reiterate the Refund Policy, withdrawal procedures, transfers of credit, and communications which are all part of the *Program Catalog and Student Reference Guide*

If the SEA is not accepted, your application will not be considered complete and you will not be enrolled.

## Veterans Affairs

If you plan to utilize your GI benefits, you are required to complete this section. If you have attended another school and have used your VA benefits, you must upload a copy of your transcript. If you have not used your benefits, you must upload a copy of your Joint Service Transcript.

**Will you be using VA benefits?**

Yes  No  Not Selected

Required

**Certificate of Eligibility**

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**DD214 (page 4)**

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**Form 1990 or 1995**

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**VA Transcript**

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**Joint Service Transcript**

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## Florida Prepaid

Please indicate if you will be using Florida Prepaid benefits.

**Florida Prepaid**

Yes  No  Not Selected

Required

## Release and Waiver

### FOR CORAL SPRINGS REGIONAL INSTITUTE OF PUBLIC SAFETY TRAINING, TESTING, AND/OR EDUCATION

In consideration for my acceptance to a training, testing, and/or educational program at the City of Coral Springs, I agree to sign this Release and Waiver. Accordingly, I agree to unconditionally release, waive, and discharge the City of Coral Springs, its Commission members, employees, agents, and servants, all hereafter referred to as "releases," from all claims and causes of action, that I, my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releases in connection with my participation in any training, testing, and/or educational program at the City of Coral Springs. In addition, I agree to indemnify completely, the releases against all claims, demands, made by or on behalf of me in relation to my participation in any training, testing, and/or educational program and all causes of actions arising out of my own actions or involvement with the City of Coral Springs.

The physical requirements for the training, testing, and/or education program that I want to participate in have been explained to me and I certify and warrant that I am in good health and physical condition and able to participate in all activities that may be required. I also understand that I may come into contact with hazards, including but not limited to, blood borne pathogens, fire, and hazardous chemicals that may cause great bodily injury or death. I fully realize and appreciate the foregoing risks and freely and voluntarily accept those risks. Additionally, I agree to adhere to the applicable rules and regulations of the City of Coral Springs.

In addition, I authorize the City of Coral Springs or its agent to conduct a required criminal background check. I understand and authorize the City of Coral Springs to disclose this information to any and all clinical sites I may be involved with during my education at the City of Coral Springs. I understand and agree that I may be denied entry into the program, or removed from the program, due to an unacceptable criminal background, as determined by the City of Coral Springs, in their sole discretion.

**I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.**

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

**By selecting Yes, I agree to, authorize, and acknowledge the Release and Waiver.**

Yes  No  Not Selected

Required

## Photo Video Audio Release and Waiver

I hereby confer on the City of Coral Springs the absolute, irrevocable right and permission to use my image, and/or my child's image, in City media that includes but is not limited to print, digital or video format, for the purposes of public information, historical documentation, and/or promotion of City events and activities. I give my consent freely, with the understanding that no remuneration of compensation will be forthcoming.

**By selecting Yes, I agree to the Photo Video Audio Release and Waiver**

Yes  No  Not Selected

Required

## Additional Information

Please complete the following information to better assist us.

**Do you follow us on Facebook?**

Yes  No  Not Selected

Required

**Do you follow us on Instagram?**

Yes  No  Not Selected

Required

**Do you follow us on Twitter?**

Yes  No  Not Selected

Required

**Did you attend our Open House?**

Yes  No  Not Selected

Required

**Are you planning on being a career Firefighter?**

Yes  No  Not Selected

Required

**If no, are you intending to go into the medical field?**

Yes  No  Not Selected

Required

**How did you hear about us?**

Required

## Thank You

Thank you for completing your online application for the EMT-Basic program.

You will move to the class selection and then application payment screen. Your application fee is required to process your application. As a reminder, your application will not be reviewed and you will risk the class selling out if you do not make payment right away.



**YOU HAVE NOW COMPLETED PAGE 1 OF 3. SELECT SUBMIT APPLICATION TO AUTOMATICALLY PROCEED TO PAGE 2 TO SELECT THE CLASS START DATE.**

I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.

**Save & Continue Later**

**Submit Application and Select Class Date**

4180 NW 120th Avenue ♦ Coral Springs, Florida 33065