

Enrollment and participation in the Virginia Peninsula Community College Emergency Medical Services program(s) requires that students provide proof of general and specific health status, immunization records, CPR certification, criminal background check, social security number, driver's license/photo identification card, academic records, urine/blood tests for drug screening and any other information that may be required by the college, clinical facility and/or field agency policy or legal mandate to establish students' fitness to care for live patients in a clinical and/or field setting.

The Public Safety, Allied Health, and Human Services Academic Unit, Fire and Emergency Medical Services Education Department, Emergency Medical Services Education Program is required to share some or all of the aforementioned information with clinical facility and/or field agency partners who provide sites for the required clinical and field training portions of the courses.

Additionally, the Public Safety, Allied Health, and Human Services Academic Unit, Fire and Emergency Medical Services Education Department, Emergency Medical Services Education Program is required to share some or all of the aforementioned information with other entities for accreditation, course validation, certification eligibility, testing, certification issuance and/or other purposes in support of the student and/or the educational program.

Further, the Virginia Peninsula Community College Public Safety, Allied Health, and Human Services Academic Unit, Fire and Emergency Medical Services Education Department, Emergency Medical Services Education Program utilizes the services of third-party software vendors for some educational/course work, as well as for the clinical and field verification and documentation purposes (a list of current software, clinical and field locations is available upon request). The Public Safety, Allied Health, and Human Services Academic Unit, Fire and Emergency Medical Services Education Department, Emergency Medical Services Education Program is also required to enter some or all of the aforementioned information into software programs and/or databases not contracted by and out of the control of the College, i.e. Virginia Office of EMS Provider Portal (course registration and student course disposition), American Heart Association, National Registry of EMTs, National Association of EMTs, etc.

Pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1231g ("FERPA"), the college and/or any of its agents may not release information without the written consent of the student; subject to the exceptions specified under FERPA. You may obtain more information about Student Rights and Responsibilities (FERPA) from your course catalog, student handbook, or college website www.vpcc.edu. The clinical facilities and/or field agencies are required to maintain the confidentiality of these records and may only use them to determine that a student meets the standards of the institution and thus does not present a threat to their patients or staff.

Choosing to not provide permission for the release of this information will prohibit participation in Virginia Peninsula Community College Emergency Medical Services programs as it will result in a ban from the clinical facilities and field agencies where students are required to complete the clinical and field portions of training. Admission to and successful completion of the clinical and field training portions of Emergency Medical Services courses are required for program enrollment and completion.

NAME OF STUDENT (Last, First, Middle Initial)

STUDENT ID NUMBER

ADDRESS (Street, City, Zip)

EMAIL ADDRESS

PART I

I understand that some of my records are protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby grant permission for access to and/or the release of all applicable records described above to clinical facilities and/or field agencies and grant access to those records by agents of those clinical facilities, field agencies, agents of third-party software used for records retention and clinical/field competency validation in use by the program/courses as required for my participation in and/or completion of the Virginia Peninsula Community College Emergency Medical Services programs/courses in which I am or intend to be enrolled.

I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the Virginia Peninsula Community College Public Safety, Allied Health, and Human Services Academic Unit Fire and Emergency Medical Services Education Department. Further, I understand that revocation of this consent will result in ineligibility to enroll in and/or continue in any Virginia Peninsula Community College Emergency Medical Services programs/courses. This authorization is in effect for the duration of my participation and enrollment in Virginia Peninsula Community College Fire and EMS Education Department, Emergency Medical Services programs/courses unless revoked in writing, photocopies of this release form may be accepted, when presented in person with appropriate identification.

Student Printed Name	Student Signature	Date
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PART II

ALL AFFILIATED STUDENTS REQUIRED TO COMPLETE THE INFORMATION BELOW

Fire and/or EMS Department/Agency Release of Information Authorization

In accordance with the aforementioned documentation pertaining to the release of information and the various types of information to be released, I do hereby grant permission to Virginia Peninsula Community College, the Public Safety, Allied Health, and Human Services Academic Unit, Fire and EMS Education Department and its authorized agents/representatives to release any and/or all of the aforementioned information to:

Company/Organization Authorized Agents/Representatives (Training Officer, Training Coordinator, Training Chief, Fire Chief and/or Designee)

Address

City State Zip Code

Upon request of the Company/Organization Authorized Agent/Representative (Training Officer(s), Training Coordinator(s), Training Chief, Fire Chief and/or their Designee).

Student Printed Name	Student Signature	Date
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IMPORTANT INFORMATION FOR ALL STUDENTS

AFTER COMPLETING THIS FORM, YOU ARE REQUIRED TO CONVERT THE EXECUTED COPY INTO A PDF AND UPLOAD THE FORM INTO YOUR FISDAP ACCOUNT FOR PROGRAM COMPLIANCE. FAILURE TO EXECUTE PART I OF THIS FORM BY THE ESTABLISHED DEADLINE WILL RESULT IN DEDUCTION TO YOUR GRADE.