

VIRGINIA PENINSULA COMMUNITY COLLEGE

Fire and Emergency Medical Services Education Department



Emergency Medical Services Education Forms Packet

2022-2023

www.vpcc.edu/fire-ems

EMERGENCY MEDICAL SERVICES PROGRAM STUDENT FORMS

Students are responsible for executing and/or requesting the execution of various agreements, forms and documents as a participant in Virginia Peninsula Community College Fire and EMS Education Department's EMS Program. These agreements, forms and documents are part of each student's program and/or medical file and are accessible only by designated program faculty and staff. Failure to complete required agreements, forms and/or other program required documentation by the date specified in your course syllabus will result in your administrative withdrawal from the program of study.

All EMS Program forms, agreements, course completions, EMS and CPR (current non-expired) certifications and documents shall be executed and uploaded by the student to the FISDAP software program by the published/announced due date(s). Documentation must be uploaded in a PDF format.

Department/Program faculty and/or staff will verify compliance with these requirements immediately after the published/announced due date(s).

Failure to comply with this requirement by the published/announced due date(s) will result in grade deductions.



Student Information Form

Legal Name _____ Student ID _____

Address _____ Social Security _____

Telephone Number _____ Date of Birth _____

Email Address _____ Email Address _____

Level of EMS Certification _____ Expiration Date _____

BLS for Healthcare Provider Certification YES NO Expiration Date _____

Have you attempted EMS courses at another Virginia Community College? YES NO

If yes, please provide course(s) number, date of last enrollment and the number of course attempts.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide the name of the community college where the above courses were attempted.

If you have completed an accredited EMS program within the previous 12-month period, please complete the next section.

Date of Completion _____ Certification Achieved _____

Name of Program _____

Program Sponsor _____

Location of Program _____

Name of Program Director _____

Program Telephone Number _____

EMERGENCY CONTACT INFORMATION

In case of emergency, is there someone that you would like for us to contact and do you authorize the release of information about your condition and/or location? (person listed must be at least 18 years of age)

Name _____ Relationship _____ Telephone Number _____

Age of Contact _____ Student Signature _____ Date _____

Witness Printed Name _____ Witness Signature _____

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
----------------------	-------------------	------

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
----------------------	-------------------	------

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.

Photo/Video/Digital Media Release Form

I certify that my signature being affixed below on this consent form give permission to Virginia Peninsula Community College the full right to use my photograph(s) and/or videotape image and sound byte in its marketing, public relations, promotional or instructional efforts. I willingly agreed to have my photograph(s), videotaped image, and/or sound byte taken, knowing that it could be used in various publications.

Please complete this form, convert/print to PDF and upload to FISDAP.

Student ID Number _____

Student Printed Name _____ Date _____

Student Signature _____ Date _____

Parent or Legal Guardian if Student is a Minor:

Printed Name _____

Date _____

Signature _____ Relationship to Student _____

Communicable Disease Statement

Upon enrollment in the Emergency Medical Science program, I have been informed and am fully aware of the risks for exposure to blood and body fluids and the potential for transmission of bloodborne and other potentially infectious material and/or disease prior to, during and following patient care activities. Understanding my risks, I agree to treat all patients as assigned to me, regardless of disease state of the patient. If I refuse to treat any patient, I realize that my academic success and/or my ability to continue as a student within the EMS program may be affected by my decisions.

Please complete this form, convert/print to PDF and upload to FISDAP.

Student ID Number _____

Student Printed Name _____ Date _____

Student Signature _____ Date _____

Parent or Legal Guardian if Student is a Minor:

Printed Name _____ Date _____

Signature _____ Relationship to Student _____

HIPAA/Medical Confidentiality Policy Acknowledgement

In connection with my duties as a student in the Virginia Peninsula Community College EMS program, I have read and understood the Virginia Peninsula Community College EMS program HIPAA/Medical Confidentiality policy and agree to treat all clinical information concerning patients confidential. I will not divulge any information to unauthorized personnel and will safeguard the patient's right to privacy by judiciously protecting that information. I understand violation of patient confidentiality will result in dismissal from the EMS curriculum.

Please complete this form, convert/print to PDF and upload to FISDAP.

Student ID Number _____

Student Printed Name _____ Date _____

Student Signature _____ Date _____

Parent or Legal Guardian if Student is a Minor:

Printed Name _____

Date _____

Signature _____ Relationship to Student _____

Social Media Policy Acknowledgment

I have read and understood the Virginia Peninsula Community College EMS program Social Media Policy. I agree to follow all policies, procedures and/or program requirements outlined in the policy. I understand that failure to do so will result in disciplinary action and may also result in dismissal from Virginia Peninsula Community College EMS courses and/or the EMS program.

Please complete this form, convert/print to PDF and upload to FISDAP.

Student ID Number _____

Student Printed Name _____ Date _____

Student Signature _____ Date _____

Parent or Legal Guardian if Student is a Minor:

Printed Name _____

Date _____

Signature _____ Relationship to Student _____

Approval to Use Student Assignments

I, _____ give / do not give

permission for any assignments, projects, photographs, and/ or videos received by instructors to be used for promotion of Public Safety, Allied Health, and Human Services Academic Unit and/ or Emergency Medical Science Programs. I am aware these items may be displayed during my enrollment and/or after leaving the program.

Please complete this form, convert/print to PDF and upload to FISDAP.

Student ID Number _____

Student Printed Name _____ Date _____

Student Signature _____ Date _____

Parent or Legal Guardian if Student is a Minor:

Printed Name _____ Date _____

Signature _____ Relationship to Student _____

Emergency Medical Services Program Manual Affirmation

I have read and understood the contents of the Virginia Peninsula Community College EMS Program Manual. I agree to follow all policies, procedures and/or program requirements outlined in the manual. I understand that failure to do so may result in disciplinary action and may also result in dismissal from Virginia Peninsula Community College EMS program.

Please complete this form, convert/print to PDF and upload to FISDAP.

Student ID Number _____

Student Printed Name _____ Date _____

Student Signature _____ Date _____

Parent or Legal Guardian if Student is a Minor:

Printed Name _____

Date _____

Signature _____ Relationship to Student _____

Clinical and Field Facility/Site/Agency Restriction Self-Disclosure

As a student in the below Virginia Peninsula Community College EMS Program:

- EMT AEMT Paramedic AAS EMS
- I am not aware of any restrictions that would preclude me from being scheduled to complete clinical and/or field experiences and/or internships.
- I am self-disclosing to the program faculty and staff the information below related to my inability to schedule clinical and/or field experiences and/or internships at the following clinical and/or field facility, site, location, health system and/or agency:

Name of facility, site, location, health system and/or agency(s):

By my signature below, I am attesting that to the best of my knowledge, the information reported on this form is true and accurate.

Student Name: _____ Student Number: _____

Student Signature: _____ Date: _____

Please list your preferred clinical and field facilities/sites/agencies below:

Primary Clinical Facility: _____ Secondary Clinical Facility: _____

Primary Field Agency: _____ Secondary Field Agency: _____

Please complete this form, convert/print to PDF and upload to FISDAP.

EMS PROGRAM AFFILIATION - SPONSORSHIP LETTER TEMPLATE

This letter should be replicated on your agencies letterhead.

Date

Jeffrey Bonavita, NRP
Department Head/Director
Fire and Emergency Medical Services Education
Virginia Peninsula Community College
99 Thomas Nelson Drive
Hampton, Virginia 23666

Dear Mr. Bonavita:

Mr./Ms. Student Full Name, certification number NR/VA EMS # a student in the Virginia Peninsula Community College EMT, AEMT or Paramedic program is currently affiliated with the Agency/Department Name. Mr./Ms. Last Name is a released provider for the Agency/Department Name at the Level level, practicing under the general supervisor of the department/agency operational medical director, OMD Name, Department Standard Operating Procedures and the Regional Council Emergency Medical Services Council protocols.

The Agency/Department Name will allow Mr./Ms. Last Name to complete his/her course required field rotations on department/agency operated apparatus while assigned to a patient care team under the supervision of a department preceptor.

Thank you for your assistance in this matter. Please contact me if you have any questions or require additional information. I can be reached at (000) 000-0000 (office), (000) 000-0000 (administration), or via e-mail at Email Address.

Sincerely,

Signature

Name

Title/Rank

CRIMINAL HISTORY BACKGROUND CHECK LETTER TEMPLATE

This letter should be replicated on your agencies letterhead.

Date

Jeffrey Bonavita, NRP
Department Head/Director
Fire and Emergency Medical Services Education
Virginia Peninsula Community College
99 Thomas Nelson Drive
Hampton, Virginia 23666

Dear Mr. Bonavita:

Mr./Ms. Student Full Name, certification number NR/VA EMS # a student in the Virginia Peninsula Community College EMS Education program is currently affiliated with the Agency/Department Name. Mr./Ms. Last Name, through the course of their affiliation with the Agency/Department Name had a criminal history background check completed as part of their employment/affiliation process. The criminal history background check did not return any criminal history that would preclude Mr./Ms. Last Name from serving as an EMS provider in the Commonwealth of Virginia, pursuant to 12VAC 5-31-910.

If Mr./Ms. Last Name was employed and/or affiliated on or before July 1, 2014, the criminal history background check was conducted pursuant to department and/or agency policies and procedures. If Mr./Ms. Last Name was employed and/or affiliated on or after July 1, 2014, the criminal history background check was conducted pursuant to the Code of Virginia § 32.1-111.5.

Thank you for your assistance in this matter. Please contact me if you have any questions or require additional information. I can be reached at (000) 000-0000 (office), (000) 000-0000 (administration), or via e-mail at Email Address.

Sincerely,

Signature

Name

Title/Rank

DRUG SCREEN COMPLETION LETTER TEMPLATE

This letter should be replicated on your agencies letterhead.

Date

Jeffrey Bonavita, NRP
Department Head/Director
Fire and Emergency Medical Services Education
Virginia Peninsula Community College
99 Thomas Nelson Drive
Hampton, Virginia 23666

Dear Mr. Bonavita:

Mr./Ms. Student Full Name, certification number NR/VA EMS # a student in the Virginia Peninsula Community College EMS program is currently affiliated with the Agency/Department Name. Mr./Ms. Last Name, through the course of their affiliation with the Agency/Department Name had a ten panel drug screen completed within the previous twelve-months to the Virginia Peninsula EMS program standard requirements as part of their employment, continued employment and/or affiliation process. The drug screen did not return results that would preclude Mr./Ms.me from serving as an EMS provider in the Agency/Department Name.

Thank you for your assistance in this matter. Please contact me if you have any questions or require additional information. I can be reached at (000) 000-0000 (office), (000) 000-0000 (administration), or via e-mail at Email Address.

Sincerely,

Signature

Name

Title/Rank

THIRD PARTY PAYMENT LETTER TEMPLATE

This letter should be replicated on your agencies letterhead.

Date

Jeffrey Bonavita, NRP
Department Head/Director
Fire and Emergency Medical Services Education
Virginia Peninsula Community College
99 Thomas Nelson Drive
Hampton, Virginia 23666

Dear Mr. Bonavita:

This letter serves as an agreement between the Locality/Agency/Department Name and Virginia Peninsula Community College. It is the intent of the Locality/Department Name to fund the remaining balances and/or charges, after all student financial aid, loans, scholarships and/or other account credits have been applied for the following:

- tuition,
- fees,
- textbooks,
- required computer software programs/access,
- other required program costs (uniforms, name tags, etc.)

required and/or associated with enrollment in the Fire and/or EMS education program(s) for Mr./Ms. Last Name, a student in the Virginia Peninsula Community College Fire and/or EMS Education Program.

Mr./Ms. Last Name will be funded by the Locality/Department Name for the Semester or contract Course(s). All correspondence and/or invoices shall be directed to _____ at the address listed below:

Name, Title
Street/PO Box
City, State, Zip Code

Thank you for your assistance in this matter. Please contact me if you have any questions or require additional information. I can be reached at (000) 000-0000 (office), (000) 000-0000 (administration), or via e-mail at Email Address.

Sincerely,
Signature
Name
Title/Rank