

Paramedic Point System Information Sheet

Name \_\_\_\_\_ Email: \_\_\_\_\_@nwfsc.edu

Phone \_\_\_\_\_ Student ID: \_\_\_\_\_

Please fill out the following and mail or fax this to:

EMS Department  
Northwest Florida State College  
100 College Boulevard  
Niceville, FL 32578

Fax: (850) 729-5263

I am a:

\_\_\_ Current Okaloosa or Walton County Resident

\_\_\_ Current EMT employee (only work experience as an EMT will be considered)

\_\_\_ Current employee with an Okaloosa or Walton County public safety (EMS, Fire Department/District) agency

I have taken the following courses:

\_\_\_ BSC 2020 Human Structure & Function (passed with a grade of B or better)

\_\_\_ BSC 2020 Human Structure & Function (passed with a grade of C or better)

\*Anatomy & Physiology I (BSC 1085C) with Anatomy & Physiology II (BSC 1086C) may be substituted for Human Structure and Function (BSC 2020).

\_\_\_ HSC 1531 Medical Terminology (passed with a grade of C or better)

I have EMT work experience (EMT employed in direct patient care):

\_\_\_ 1 year experience      \_\_\_ 2 year experience      \_\_\_ 3 year experience

\_\_\_ 4 year experience      \_\_\_ 5 year experience      \_\_\_ 6 year experience

\_\_\_ 7 year experience      \_\_\_ 8 year experience      \_\_\_ 9 year experience

\_\_\_ 10 year experience

I understand that it is my responsibility to submit verification as noted above for all points. I wish to apply to my application and that these points will not be added until proper documentation is received by the EMS Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date