

_____ Original Student _____ Refresher Student

**FINGER LAKES COMMUNITY COLLEGE
GENEVA EXTENSION CENTER
63 PULTENEY STREET
GENEVA, NEW YORK 14456
1-800-357-3672
1-315-789-5638 (fax)**



**FRIDAY & SATURDAY
February 21, 2020 – April 4, 2020
8:00 AM – 5:30 PM**

**Remember: Classes held at the FLCC Victor Campus
200 Victor Heights Parkway, Victor, NY 14564**

Name: _____

(Please type/print name as it should appear on the Certificate of completion.)

Address: _____

City, State, Zip: _____

Phone(s): (_____) _____

e-mail: _____

Date of initial certification / licensure: EMT-P _____ R.N. _____ PA _____

Place of Employment: _____

Have you ever worked on a critical care transport team? _____

Current Copies of Certifications Submitted with Application:

	CERTIFICATION CARD/DOCUMENT	EXPIRATION DATE
	PARAMEDIC	
	NURSING LICENSE	
	PHYSICIAN ASSISTANTS LICENSE	
	REGISTRATION DEADLINE	February 10, 2020