

*****COMPLETED APPLICATIONS DUE IN THE OFFICE**
NO LATER THAN TUESDAY, AUGUST 31, 2021***

**APPLICATION FOR FINGER LAKES REGIONAL EMS
ADVANCED EMT PROGRAM**

INSTRUCTIONS FOR ALL APPLICANTS: This form must be completed, and the required document submitted not later than the filing date listed on the attached information sheet. Please print or type all information in the spaces provided. Attach supporting documentation as required and ensure that all information is complete. Failure to complete the forms or incomplete supporting documentation may result in a delay or denial of your program acceptance. Due to limited clinical sites, there may be a limit to the number of students accepted into the program. Applications will be reviewed in the order in which they were received in the FLREMSC Office. MAIL THIS PACKET by the filing date to:

Finger Lakes Regional EMS Council
63 Pulteney Street
Geneva, NY 14456

Questions about this form or the program can be answered by calling: 1-800-357-3672

SECTION A: APPLICANT INFORMATION (Please Print Clearly)

NAME: _____ SOCIAL SECURITY NUMBER _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTY: _____

TELEPHONE (DAY): () _____ NIGHT: () _____

NYS EMT NUMBER: _____ EXPIRATION DATE: _____

ORIGINAL CERTIFICATION DATE: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____

SECTION B: EDUCATION

LEVEL NAME OF INSTITUTION CITY/STATE DEGREE (Y/N) DATES ATTENDED

LEVEL	NAME OF INSTITUTION	CITY/STATE	DEGREE (Y/N)	DATES ATTENDED
College				
School				
Other				

SECTION C: TRAINING

List all other EMS medical health or other courses/training related to this application (i.e.: PEPP, etc.)

NAME OF COURSE	LOCATION	DATES	CERTIFICATION (Y/N)

SECTION D: EMS/CLINICAL EXPERIENCE

List both paid and volunteer EMS or medical experience and activities:

NAME AND LOCATION	TITLE/JOB	PARTICIPATION DATES	SUPERVISOR

SECTION E: CERTIFICATION STATEMENT

I, the undersigned, acknowledge that the information set forth on this application is true and accurate and that discovery of false or misleading information may lead to my dismissal from this course.

Signature of applicant

Date

PLEASE ATTACH THE FOLLOWING DOCUMENTATION TO YOUR APPLICATION:

- Copy of current EMT card (must be valid through the end of the course (part 800.11)). Students who do not meet this requirement must obtain an updated current card to remain in the entire course. If current EMT card is being renewed either thru an EMT Refresher or EMT Core program, please note so on application.
- Copy of current CPR card
- Copy of any other EMS or related certifications
- Finger Lakes medical-immunization-physical forms (complete) MANDATORY FOR CONSIDERATION
- Immunization forms may be obtained by calling FLREMSC at 1-800-357-3672 or downloading from the FLREMSC website at www.flremsc.org. Search for ALS Immunization Packet.
- Brief resume indicating your reasons for taking this course
- THREE letters of recommendation,
 1. ONE from an EMS AGENCY OFFICER, which includes verification of providing prehospital care. This letter must include the date at which the applicant is cleared to perform with the sponsoring agency.
 2. OTHERS from an individual of your own choosing, preferably from the EMS or medical field.

FOR OFFICE USE ONLY

Application reviewed by: _____ Date: _____
Date application received: _____ Application complete: _____ Medical
forms complete: _____

IMPORTANT NOTICE TO APPLICANT

Your application packet will not be considered unless all the above listed documents are completed and attached. There will be no exception to this requirement documents. Applicants accepted to the course will be notified by phone or mail. Student load is limited and applicants to fill the seats are based upon complete documentation and application, timely response. If your application is not accepted as primary student load, you will be placed into a secondary category. If primary students do not fulfill their commitment, selection to fill the class will be made from the secondary category. Any questions, please contact the Finger Lakes EMS Council Office at 315 789 0108.