

Application for Finger Lakes Community College Paramedic Program

To All Applicants: This form MUST be completed and returned to the Paramedic Program Director NO LATER than October 31, 2022.

Please print all information in the spaces provided below. Failure to complete this form in its **ENTIRELY** will result in **DELAY or DENIAL** of program acceptance.

Mail the complete application below to:

Finger Lakes Community College Paramedic Program
FLCC Geneva Campus Center
63 Pulteney St
Geneva, NY 14456
ATTENTION: Jake Hartman, Paramedic Program Director

The supporting documentation that is found at the end of this document is REQUIRED and needs to be brought with you to your scheduled interview. Failure to bring **ALL** supporting documentation to the interview will result in **DENIAL** of program acceptance.

Section A: Applicant Information

Name: _____ Social Security #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

DOB: _____ NYS EMT#: _____ EMT Exp. Date: _____

Polo Shirt Size: _____ Job Shirt Size: _____

Section B: Education

Level	Institution	City/State	Degree/Graduate	Dates Attended
College				
High School				
Other				

Section C: Certification

List all other EMS, Medical, or health related courses related to this Application
(CPR, ACLS, PALS, Etc.)

Name of Course	Location	Date taken	Date of Expiration (If applicable)
CPR			

Section D: EMS/Clinical Experience

Location	Title/Job Duties	Dates	Supervisor

Section E: Certification Statement

I, _____ understand and acknowledge that the information set forth in this application is true and accurate. I understand that discovery of false or misleading information may lead to dismissal from the program.

Signature of Applicant

Date

Important Notice to the Applicant:

Your application will not be reviewed for admission into the program UNLESS it is filled out in its ENTIREITY. There is a 30-person cap to this program, so get your applications in ASAP or by the deadline of October 31, 2022. Applications will be date and time stamped once they arrive in the office. If you are not selected as an initial candidate for a seat in the class, you will be placed on a waiting list. If the initial selected students do not fill their requirements or decide not to attend the program, you will be contacted to fill the vacant seat in the program. The cost of the course is ESTIMATED to be around \$7,000 plus the cost of books and supplies. Interviews will be scheduled in early November. The Program Director will contact you to schedule this interview if your application is accepted.

Please review the required documents that are listed on the next page IN THEIR ENTIRETY!!! Pay close attention to the required immunizations and DATES of the immunizations!!!

If you have any questions, please contact the Paramedic Program Director at Jacob.hartman@flcc.edu or at 607-857-7790. You can also contact the Finger Lakes EMS office at 315-789-0108.

For Official Use ONLY:

Application Reviewed By: _____

Date Received: _____ Packet Complete? _____

Candidate Application Accepted/Rejected: _____

Application Items That Need to Be Brought to the Interview

1. Copy of Valid NYS EMT, AEMT, or EMT-CC Card
2. Copy of Valid CPR Card
3. Current Resume
4. 3 Letters of Recommendation
 - a. 1-from an EMS agency officer
 - b. 2-from a person of your choosing (Academia, EMS, Medical Field). This person CANNOT be a relative or significant other.
 - c. These Letters of Recommendation need to be typed and placed into a sealed envelope with the person who is writing the letter's signature across the back of the sealed envelope. Emailed letters will NOT be accepted.
5. Physical Exam- MUST be current and completed on the **PROVIDED PHYSICAL PAPER** found in the physical and immunizations packet OR printed on letterhead from your provider's office.
6. Immunization Records
 - a. Measles, Mumps, Rubella (MMR)
 - i. Need documentation of **2 doses**
 - b. Tetanus/diphtheria/Pertussis (Tdap)
 - i. Booster MUST be within **10 YEARS AND** be valid THROUGHOUT the program
 - c. PPD
 - i. MUST be within **6 months** of the start of class (If your PPD date is BEFORE July 1st, you NEED A NEW ONE!!!)
 - d. Hepatitis B
 - i. Need Documentation of **3 doses**
 - ii. You may elect to **REFUSE** the Hep B Vaccine
 - e. Varicella (Chicken Pox)
 - i. Need Documentation of **2 doses**
 - f. Meningococcal Meningitis
 - i. Documentation MUST be within **10 Years**
 - ii. You can elect to REFUSE the Meningitis Vaccine
 - g. Influenza
 - i. **REQUIRED** for all clinical and ride time sites.
 - ii. If you **REFUSE** the influenza vaccine, you **MUST** sign a waiver and wear a mask during **EVERY** Clinical **AND** Ride Time Shift during the state designated FLU season.
 - h. COVID Vaccine
 - i. MUST have documentation of COVID vaccine AND All available COVID boosters, which is being required by the College AND hospitals for clinical