

APPLICATION FOR FINGER LAKES COMMUNITY COLLEGE

Finger Lakes Regional EMS Council

Paramedic Training Program RN/PA Program

INSTRUCTIONS FOR ALL APPLICANTS: This form must be completed, and the required documents submitted not later than December 27, 2019. Please print or type all information in the spaces provided. Attach supporting documentation as required; ensure that all information is complete. **Failure to complete the forms or incomplete supporting documentation will result in a delay or denial of your program acceptance.** Mail this packet by the filing date to:

Finger Lakes Community College
Paramedic Training Program
FLCC Geneva Extension Center
63 Pulteney Street
Geneva, New York 14456

ATTENTION: DIRECTOR OF PARAMEDIC TRAINING

Questions about this form or the program can be answered by calling: 315-789-0108 or 800-357-3672

SECTION A: APPLICANT INFORMATION

NAME: _____ SOCIAL SECURITY: _____

STREET ADDRESS: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

DAY TELEPHONE: (____)____-____ NIGHT TELEPHONE: (____)____-____

DATE OF BIRTH: _____ EMT NUMBER: _____ EXPIRATION DATE: _____

ORIGINAL CERTIFICATION DATE: _____ EMAIL ADDRESS: _____

SECTION B: EDUCATION

LEVEL	INSTITUTION	CITY/STATE	DEGREE Y/N	DATES ATTENDED
COLLEGE				
HIGH SCHOOL				
OTHER				

SECTION C: TRAINING

ARE YOU A CPR INSTRUCTOR? _____ EXPIRATION DATE: _____ CHAPTER/ADDRESS: _____

LIST ALL OTHER EMS, MEDICAL, HEALTH OR COURSES/TRAINING RELATED TO THIS APPLICATION (ACLS, CTC, ETC.)

NAME OF COURSE	LOCATION	DATES	CERTIFICATION Y/N

SECTION D: EMS/CLINICAL EXPERIENCE

LIST BOTH VOLUNTEER AND PAID EMS OR MEDICAL EXPERIENCE AND ACTIVITIES

NAME AND LOCATION	TITLE/JOB	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 NYS EMT/AEMT card (A valid card must be maintained throughout the course)
- Copy of current NYS RN or PA license.
- Copy of current CPR card
- Copy of CPR/ACLS instructor card (if applicable)
- **FINGER LAKES EMS MEDICAL IMMUNIZATION/ PHYSICAL FORMS COMPLETED...MANDATORY FOR CONSIDERATION OF THIS APPLICATION!**
- Brief resume indicating your reasons for taking this course
- THREE letters of recommendation – dated with original signatures.
 - ONE from an EMS agency officer which includes verification of MINIMUM OF ONE YEAR EMT in an active prehospital organization
 - TWO-ONE EACH from individuals of your own choosing, from academic, EMS or medical field

For office use only

Application reviewed by: _____ - _____ Date: _____

Date received: _____ Packet complete? _____ Medical forms complete? _____

Accepted for interview/pretest? _____ Date applicant notified _____ Test score _____

IMPORTANT NOTICE TO THE APPLICANT

Your application packet will not be considered unless all of the above listed documents are completed and attached. There will be no exception to this requirement, you will not be accepted to interview. If you are accepted to interview, you will be contacted for an interview. Applicants accepted to the course will be notified by phone/mail. Student load is limited and applicants to fill the seats are based upon complete documentation and application, timely response, and favorable interview. The cost of the course is estimated to be \$1,200 plus books and lab supplies. **Applications received after December 27, 2019 may not be considered for this program. Interviews will be held within the first two weeks after the deadline.**