

*****COMPLETED APPLICATIONS DUE IN THE OFFICE NO LATER
THAN FRIDAY, SEPTEMBER 2, 2011*****

**APPLICATION FOR FINGER LAKES REGIONAL EMS
INTERMEDIATE/CRITICAL CARE 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

____ Intermediate ____ Critical Care
(Please indicate which level you are applying for.)

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

SECTION A: APPLICANT INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTY: _____

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

NYS EMT NUMBER: _____ EXPIRATION DATE: _____

ORIGINAL CERTIFICATION DATE: _____ DATE OF BIRTH: _____

SECTION B: EDUCATION

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

SECTION C: TRAINING

Are you a CPR Instructor or instructor trainer? _____ Expiration Date: _____

If yes, give chapter name and address: _____

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

NAME OF COURSE	LOCATION	DATES	CERTIFICATION (Y/N)

