

# 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 23, 2015.** 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  
90 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 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, pretest scores, and favorable interview. If you are selected as a class candidate but not selected for an initial seat, you will be placed on a waiting list. If initial selected students do not fill their commitment, selection to fill the class will be made from the waiting list. If selected candidates do not receive a seat, those applications will be marked for first consideration for the next scheduled paramedic course. The cost of the course is estimated to be \$1,000 plus books and lab supplies. **Applications received after December 23, 2015 may not be considered for this program. Interviews will be held the week of December 28<sup>th</sup>, 2015.**

**FINGER LAKES COMMUNITY COLLEGE  
PARAMEDIC TRAINING PROGRAMS**

**Physician's Assistant/Registered Nurse – Paramedic Bridge Training  
CLINICAL BACKGROUND STATEMENT**

Please check off the departments or specialties you have served in as part of your PA/Nursing background. Indicate the length of time you were in that/each service. In the comments section list any further experience you may have had in your practice. Please be prepared to provide documentation of this service if requested. This information will be used to design an individualized clinical experience program for you in preparation for your paramedic certification. Please be thorough in your report. Any information not included in this document as of the signing date will not be considered after your contract is issued and signed:

<u>Department</u>	<u>Dates of Service &amp; Facility</u>
Emergency Department	_____
Intensive Care Unit	_____
Cardiac Care Unit	_____
Burn Trauma Unit	_____
Pediatric ICU	_____
Pediatric Emergency Department	_____
Psychiatric Care Unit	_____
Operating Room and PACU	_____
Med/Surgical Floor	_____
OB/GYN	_____
Field Care Units – Ambulance	_____
Nursing Home	_____
Other	_____

(Feel free to add any additional comments to the back of this page.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name – Clearly