

FINGER LAKES REGIONAL EMS COUNCIL, INC.

90 Pulteney Street

Geneva, New York 14456

1-315-789-0108 or 1-800-357-3672

APPLICATION FOR EMS BASIC TRAINING

1. Name: _____
(Please print)

2. Address: _____

(city) (state) (zip)

3. Telephone
(Day) _____ (Evening) _____

4. Current Level: CFR _____ Basic _____

Course Type Applying For:

_____ CFR _____ CFR Ref. _____ EMT Orig. _____ EMT Ref. _____ EMT Core

Course Location: _____

Course Start Date: _____

EMS Affiliation:

Please indicate your primary EMS affiliation, if any.

Is your agency a member of the CME Recertification Program _____ YES _____ NO

Please note:

A student who is a volunteer or municipal employee of an emergency medical service may be eligible for tuition support by the New York State Department of Health. Tuition support can only be provided for members of EMS Agencies which have an EMS Agency Code. Tuition support can only be provided for students who pass the state (re)certification exam.

For a reservation, complete and return this form either by mail or fax to:

FLREMSC
90 Pulteney Street
Geneva, NY 14456

1-315-789-5638 (fax)