

\_\_\_\_\_ Original Student

\_\_\_\_\_ Refresher Student

**FINGER LAKES COMMUNITY COLLEGE  
 GENEVA EXTENSION CENTER  
 63 PULTENEY STREET  
 GENEVA, NEW YORK 14456  
 1-800-357-3672**



**SATURDAYS  
 2/4/12 – 5/5/12  
 8:00 AM – 4:30 PM**

Name: \_\_\_\_\_

*(Please type/print name as it should appear on the Certificate of completion.)*

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone(s): ( \_\_\_\_\_ ) \_\_\_\_\_

e-mail: \_\_\_\_\_

Date of initial certification / licensure: EMT-P \_\_\_\_\_ R.N. \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Have you ever worked on a critical care transport team? \_\_\_\_\_

**Current Copies of Certifications Submitted with Application:**

	<b>CERTIFICATION CARD/DOCUMENT</b>	<b>EXPIRATION DATE</b>
	PARAMEDIC OR NURSING LICENSE	

**REMEMBER CLASS LOCATION:**

**FLCC VICTOR CAMPUS CENTER  
 200 VICTOR HEIGHTS PARKWAY  
 VICTOR, NY 14564**