EMT – PARAMEDIC
CHALLENGE FOR RNs/PAs

1/7/20 – 5/21/20
Tuesdays
6:00PM - 10:00PM

NYS Practical Exam 5/09/20
NYS Written Exam 5/21/20

Location:
Finger Lakes Community College
63 Pulteney Street, Geneva, NY 14456

To receive an application or to request further information, please contact:

Finger Lakes Regional EMS Council
63 Pulteney Street
Geneva, NY 14456
315-789-0108 or 1-800-357-3672

www.flremsc.org

*Candidate must hold a current NYS Basic or Advanced EMT card throughout the entire course.*
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: ____________

SECTION B: EDUCATION

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<tr>
<th>LEVEL</th>
<th>INSTITUTION</th>
<th>CITY/STATE</th>
<th>DEGREE Y/N</th>
<th>DATES ATTENDED</th>
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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.)

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<th>NAME OF COURSE</th>
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