

_____ Original Student

_____ Refresher Student

**FINGER LAKES COMMUNITY COLLEGE
 GENEVA EXTENSION CENTER
 63 PULTENEY STREET
 GENEVA, NEW YORK 14456**

1-800-357-3672

1-315-789-5638 (fax)



**FRIDAY & SATURDAY
 3/9, 2018 – April 28, 2018
 8:00 AM – 5:30 PM**

**NOTE: No class March 30 & 31, 2018
 Remember: Classes held at the FLCC Victor Campus**

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. _____ PA _____

Place of Employment: _____

Have you ever worked on a critical care transport team? _____

Current Copies of Certifications Submitted with Application:

	CERTIFICATION CARD/DOCUMENT	EXPIRATION DATE
	PARAMEDIC	
	NURSING LICENSE	
	PHYSICIAN ASSISTANTS LICENSE	
	REGISTRATION DEADLINE	MARCH 1, 2017