

APPLICATION FOR FINGER LAKES COMMUNITY COLLEGE
 Finger Lakes Regional EMS Council
Paramedic Training Program

INSTRUCTIONS FOR ALL APPLICANTS: This form must be completed and the required documents submitted not later than December 1, 2017. 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: _____
 ORIGINAL CERTIFICATION DATE: _____

SECTION B: EDUCATION

LEVEL	INSTITUTION	CITY/STATE	DEGREE Y/N	DATES ATTENDED
COLLEGE				
HIGH SCHOOL				
OTHER				

SECTION C: TRAINING

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 EMT/AEMT card (**A valid card must be maintained throughout the course**)
- 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! (If you have problems with this, please contact the office immediately)**
- Brief resume indicating your reasons for taking this course
- THREE letters of recommendation
 - ONE from an EMS agency officer which includes verification of MINIMUM OF ONE YEAR EMT in an active prehospital organization Applicants without one year EMT may still apply for consideration. All applications are reviewed by the FLCC Paramedic Committee.
 - 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? _____

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 exceptions to this requirement. Student load is limited so please submit your applications by the deadline. Applications will be date stamped the date of receipt into the EMS Office. 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. The cost of the course is estimated to be \$5,500 plus books and lab supplies. **Applications received postmarked after December 1, 2017 may not be considered for this program.** Interviews will be held in early December 2017. If you have not applied for acceptance into the spring 2018 semester at FLCC, please do so at www.flcc.edu. If you have not applied for financial aid at this time, please do so immediately thru the FLCC website www.flcc.edu. If you have any questions, please do not hesitate to contact the EMS Office at 315-789-0108.