

FINGER LAKES COMMUNITY COLLEGE
63 Pulteney Street
Geneva, NY 14456

PREHOSPITAL RN/PA EMT-PARAMEDIC CERTIFICATION REQUIREMENTS

These requirements are to allow certification at the EMT-Paramedic level using the listed process solely limited to LICENSES PROFESSIONAL RN'S/pa's/MD's/DO's. This program is for New York State Licensed Professional RN's, PA's, and MD's/DO's with at least two years' experience in either the emergency department, acute care/critical care nurse setting or a combination of the two.

For a candidate to enroll in the Prehospital RN/PA/MD/DO EMT-Paramedic Certification Program the student must meet the following qualifications and requirements:

- A. Candidate must hold current Basic-EMT or higher-level NYSDOH BEMS certification card throughout the completion of the program.
- B. Candidate must be an active, currently practicing Basic EMT or higher provider for a minimum of one year.
- C. Candidate must provide letters of recommendation from the following:
 - 1. Training Officer of the current agency with which the candidate performs prehospital care.
 - 2. Medical Director of current agency with which the candidate performs prehospital care.
- D. Candidate must be currently certified in Basic Life Support CPR, PALS, ACLS and one of the following Trauma Life Support Courses – ITLS/PHTLS/ATLS/TNCC. If a student does not hold a Trauma Life Support Course card, he/she may complete the Original Program in the full time paramedic program. Dates will be given upon request. Refreshers for all of the required courses listed above will be given during the duration of the program.

- E. Candidate will take a modular exam, scoring >85% on each module. For those modules which the student scores <85%, the student must attend the didactic section of the course. Candidate may choose to not take the modular written exam, but will attend every class as per the schedule.
- F. Candidate must pass all performance objectives of the course. The candidate must attend practical lab sessions for any performance objectives missed. Candidate may choose to not perform practical skills up front, but will attend every class as per the schedule. The candidate must also successfully complete the practical skills requirements for the New York State Department of Health.
- G. Candidate must complete clinical hospital rotations consisting of:
 - 1. OR – must complete a minimum of three (3) successful intubations under the direct supervision of a licensed physician.
 - 2. Any other clinical rotations required by the Paramedic Program Committee upon Review of candidate's resume and application to the program.
- H. Candidate will be required to successfully complete the objectives of a field internship with an approved ALS agency as assigned by the Paramedic Program Committee.
- I. The candidate must complete the internship with an approved regional preceptor who holds certification as a paramedic.
- J. The candidate cannot do the internship with his or her own corps if they are part of a regular crew and are acting as a primary medic, driver, nurse or second on the crew, or if in a paid service and is on the clock and part of a regular crew.
- K. The candidate may only perform skills documented and cleared by the course instructor(s).
- L. The candidate will wear appropriate name badge identification and wear clean dark slacks, and the required FLCC Paramedic Polos. These FLCC Paramedic Polos must be worn during all clinical hours and can be purchased through FLREMSC.
- M. The candidate must achieve a score of all "3's" in all areas of the Phase 4 Internship Program, proving at least entry level performance as a paramedic. This level can be achieved only with a minimum of fifteen (15) ALS work-ups.
- N. The Rapid Recertification Pilot Program is not an appropriate vehicle for the challenge process.

- O. The candidate will not be permitted to do their clinical hospital requirements at any department at which they are employed.
- P. The candidate must complete all necessary immunizations before they will be permitted to do any clinical rotations.
- Q. Paramedic Refresher/Core Students will be given preference for a seat in class over the RN/PA candidate.
- R. Students taking this specific RN/PA/MD/DO Paramedic Certification Program will be ineligible to take the National Registry Exam following successful completion of this course. Students would not be eligible to take the National Registry Exam until he/she has successfully completed a NYSDOH BEMS Paramedic Refresher/Core CME Program.
- S. Students will be required to review the FLREMSC/FLCC Student Manual and abide by all rules/regulations/requirements.
- T. Questions regarding the requirements above, please contact the Paramedic Program Office at 315 789 0108.

Updated October 2017

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 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: _____ EMAIL ADDRESS: _____

SECTION B: EDUCATION

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

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.)

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 NYS EMT/AEMT card (A valid card must be maintained throughout the course)
- Copy of current NYS RN or PA license.
- 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!**
- Brief resume indicating your reasons for taking this course
- THREE letters of recommendation – dated with original signatures.
 - ONE from an EMS agency officer which includes verification of MINIMUM OF ONE YEAR EMT in an active prehospital organization
 - 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? _____

Accepted for interview/pretest? _____ Date applicant notified _____ Test score _____

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 exception to this requirement, you will not be accepted to interview. If you are accepted to interview, you will be contacted for an interview. Applicants accepted to the course will be notified by phone/mail. Student load is limited and applicants to fill the seats are based upon complete documentation and application, timely response, and favorable interview. The cost of the course is estimated to be \$1,050.00 plus books and lab supplies. **Applications received after December 1, 2017 may not be considered for this program. Interviews will be held within the first two weeks after the deadline.**

**FINGER LAKES COMMUNITY COLLEGE
PARAMEDIC TRAINING PROGRAMS**

**Physician's Assistant/Registered Nurse – Paramedic Bridge Training
CLINICAL BACKGROUND STATEMENT**

Please check off the departments or specialties you have served in as part of your PA/Nursing background. Indicate the length of time you were in that/each service. In the comments section list any further experience you may have had in your practice. Please be prepared to provide documentation of this service if requested. This information will be used to design an individualized clinical experience program for you in preparation for your paramedic certification. Please be thorough in your report. Any information not included in this document as of the signing date will not be considered after your contract is issued and signed:

<u>Department</u>	<u>Dates of Service & Facility</u>
Emergency Department	_____
Intensive Care Unit	_____
Cardiac Care Unit	_____
Burn Trauma Unit	_____
Pediatric ICU	_____
Pediatric Emergency Department	_____
Psychiatric Care Unit	_____
Operating Room and PACU	_____
Med/Surgical Floor	_____
OB/GYN	_____
Field Care Units – Ambulance	_____
Nursing Home	_____
Other	_____

(Feel free to add any additional comments to the back of this page.)

Signature

Printed Name – Clearly