



# MVHS Faxton St. Luke's Healthcare

## Application for Faxton-St. Luke's Healthcare's Paramedic Refresher Program

Name: \_\_\_\_\_ EMT No: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

EMS Organization: \_\_\_\_\_ (If Affiliated)

Supervisor Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Organization's Medical Director's Name: \_\_\_\_\_

### **Personal Data:**

1. How long have you been an EMT or Advanced EMT \_\_\_\_\_

2. When did you take your last EMT or Advanced EMT course?

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

Instructor \_\_\_\_\_

3. Is the organization for which you work (volunteer) Advanced Life Support? YES  
NO  
N/A

4. Do you have any additional certifications/licenses?

MD      RN      PA      RT      OTHER: \_\_\_\_\_



# MVHS Faxton St. Luke's Healthcare

## 5. Education:

High School/GED Completion: \_\_\_\_\_ Year Completed \_\_\_\_\_

College: \_\_\_\_\_ Year Degree: \_\_\_\_\_

Post-graduate Education: \_\_\_\_\_ Year Degree: \_\_\_\_\_

Other: \_\_\_\_\_

## 6. Work Experience

Current Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Contact Phone or email \_\_\_\_\_

Previous Employer (If less than 2 years in current position)

Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Contact Phone or Email \_\_\_\_\_



# MVHS Faxton St. Luke's Healthcare

For tuition questions please contact Bill Perry at 315 738-8351

Mail the Completed Application to:  
Faxton-St. Luke's EMS Education  
Original Paramedic Program  
14 Foery Drive  
Utica, New York 13501

For questions regarding the Paramedic Program, please feel free to contact us at  
[paramedic@midstateems.org](mailto:paramedic@midstateems.org)

I, \_\_\_\_\_, hereby attest that all the information  
Applicant name (Please print)

provided in this application is correct. I understand that providing false information on this application will result in disqualification from consideration for the Faxton-St. Luke's Healthcare Paramedic Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant