



MVHS Faxton St. Luke's Healthcare

Application for Faxton-St. Luke's Healthcare's Original Paramedic 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: _____



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5. Are you currently enrolled in a Core Recertification Program? YES NO

If Yes, Location _____

Core Content Instructor? _____

6. Education:

High School/GED Completion: _____ Year Completed _____

College: _____ Year Degree: _____

Post-graduate Education: _____ Year Degree: _____

Other: _____

7. 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

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

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