



# MVHS Faxton St. Luke's Healthcare

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

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

EMT No: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County in which you reside \_\_\_\_\_

Mailing address if different from home address: \_\_\_\_\_

\_\_\_\_\_

How long have you lived in New York State (years/months) \_\_\_\_\_

Are you a US Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

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

EMS Organization (If affiliated with an agency): \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor Contact Phone or email: \_\_\_\_\_

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



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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: \_\_\_\_\_

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

If Yes, Location \_\_\_\_\_

Core Content Instructor? \_\_\_\_\_

6. Education:

Name of High School you attended: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Year Graduated: \_\_\_\_\_

GED Completion (if applicable): \_\_\_\_\_ Year Completed: \_\_\_\_\_

College(s) you attended: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Degree: \_\_\_\_\_

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

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



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## 7. Work Experience:

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

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor Contact Phone or email: \_\_\_\_\_

(If less than 2 years in current position):

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor Contact Phone or Email: \_\_\_\_\_

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