MVHS
Emergency Medical Services

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

I am applying for the _____ Original _____ Refresher Program. Please check only one.

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: _____

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: _____

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

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