

**DEPARTMENT OF EMERGENCY MEDICINE
SUNY UPSTATE MEDICAL UNIVERSITY**

**PARAMEDIC PROGRAM APPLICATION
September 2008 – August 2009**

Personal Information

Name _____ DOB _____
Address _____ SS # _____ - _____ - _____
City _____ County _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____
Contact person in case of an emergency: _____ Relationship: _____
Phone: _____

Medical Training

EMT-Basic _____ EMT-I _____ EMT-CC _____
LPN _____ RN _____ PA _____ MD _____
Last EMT course Level _____ Location _____
Course instructor _____ NYS Exam Grade _____
Sponsoring agency _____
Additional medical certifications / licenses held:

Please indicate your highest educational achievement:

High school diploma _____	Masters degree _____
HS graduate equivalency _____	Doctorate _____
Associate's degree _____	Other _____
Baccalaureate degree _____	Other _____

Current occupation: _____
Place of employment: _____
Address: _____

Briefly explain your interest in paramedic training:

Please answer the following questions truthfully:

1. Have you ever been arrested? _____
2. Have you ever been or are you now addicted to the use of any chemical substance? _____
3. Have you ever undergone treatment for any psychiatric disorder? _____
4. Have you ever been audited by NYS EMS? _____
5. Have you ever had any disciplinary action brought against you in connection with emergency medical services? _____
6. Have you ever been sued as a result of your actions as an EMT? _____
7. Do you have any physical impairment that we should be aware of? _____
8. Are you currently taking any medications? _____

*** If the answer to any of the above questions is YES, please attach documentation explaining the circumstances.

Please return this application with the following items. **Your application will not be processed until it is complete.**

1. A \$100 (**non-refundable**) deposit made payable to *Upstate Emergency Medicine*
2. Copy of current NYS EMT certification card
3. High School and College Transcripts
4. Three letters of recommendation

Send **completed** package to:

Paramedic Program: Attention Lisa Williams
Department of Emergency Medicine
EMSTAT Center
SUNY Upstate Medical University
550 E. Genesee St., Suite 103
Syracuse, NY 13210