

Upstate Medical University
Department of Emergency Medicine
Paramedic Program

Application for Admission

Administrative Information:

Last Name:		First Name		Middle Initial	
Physical Address:		City:	State:	Zip code:	
Mailing Address:		City:	State:	Zip code:	
Primary Phone:		Secondary Phone:		Date of Birth:	
Social Security Number:		E-Mail Address:			
Current Level of Certification:	NYS EMT Number:	Current Expiration:	National Registry Number:		

Education:

Highest Degree Earned: <input type="checkbox"/> High School / GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Other	School / University	Major
Please list your health care credentials or licenses, other than EMT-Basic. (Include CLI, CIC, RN, MD, PHTLS, etc.)		

EMS Experience: (attach additional pages if necessary)

Agency/Company (include address and telephone number):	Your Title	Date (to/from) <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Volunteer <input type="checkbox"/> Paid</div>
Agency/Company (include address and telephone number):	Your Title	Date (to/from) <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Volunteer <input type="checkbox"/> Paid</div>
Agency/Company (include address and telephone number):	Your Title	Date (to/from) <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Volunteer <input type="checkbox"/> Paid</div>

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Non-EMS Experience: (attach additional pages if necessary)

Agency/Company (include address and telephone number):	Your Title	Date (to/from) <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid
Agency/Company (include address and telephone number):	Your Title	Date (to/from) <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid
Agency/Company (include address and telephone number):	Your Title	Date (to/from) <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid

Certification by applicant and release:

I, the undersigned, acknowledge that the information set forth in this document, and attachments are true and accurate to the best of my knowledge. I give Upstate Medical University and designated members of the paramedic program permission to contact references at EMS agencies or employers listed and understand that any information given by these references will remain confidential between the University and the references. I hereby release from any and all liability the University or the references any and all liability the University or the references from any liability resulting from providing information regarding my character work and study habits or abilities.

Signature of Applicant

Date

Attach the following to this application:

- ☐ **Cover Letter**
- ☐ **Legible copy of EMT card**
- ☐ **Legible copy of CPR card**
- ☐ **Three reference forms in SEALED envelopes signed across the flap by the reference (unless being mailed directly to the Department of Emergency Medicine.)**
- ☐ **Application Fee**