



Hudson Valley Community College Paramedic Certificate Program Only

Supplemental Application

Name _____ SS # _____

Mailing Address _____ City _____ State _____ Zip _____

Daytime Phone # _____ E-mail _____

EMT # _____ State _____ Level _____ Exp. Date _____

Education: HS _____ Some College _____ AS/AAS BS/BA. MS.

**Please attach a copy of your
EMT card here**

**Please attach a copy of your
CPR card here**

Applicant's Statement and Signature

I, the applicant whose signature appears below this statement, acknowledge that the information set forth by me in the above supplemental application is true and accurate. I also understand that it is my responsibility to maintain a current CPR and NYS EMT certification throughout the Paramedic Program and that I will be required to sign a NYS EMS student application (DOH-65) which states the following: I do affirm that I have not been convicted nor am I currently charged with any crime(s). Failure to be able to sign the DOH-65 could result in my being ineligible to sit for the NYS certifying examinations.

Signature of Applicant _____

Date _____

Please complete the second page of this sheet

Agency Name _____

Chief Officer _____

Phone number for Chief Officer/Supervisor _____

I hereby attest that _____ is a member/employee of
(Applicant name)
 _____ since _____
(Name of organization) (date)

She/he has been certified as an EMT actively riding with this agency for _____ or _____ and has
 completed more than 50 emergency calls. (years) (months)

She/he has been observed within this agency performing the following skills or actions and is capable of functioning as an entry level EMT.

- Patient assessment including vital signs
- Patient lifting and moving
- CPR
- Hypoperfusion interventions
- Airway management/Oxygen administration Immobilization/dressing/bandaging Medication assist
- Verbal and written reporting including use of radios

I am unaware of any criminal or disciplinary actions pending against this applicant.

I am aware that this verification is part of an application to the Hudson Valley Paramedic Program.

Signature of Chief Officer/Supervisor _____

Print name of Chief Officer/Supervisor _____

Date _____

Medical Director's Statement

I am aware of this Verification of Calls and Skills request made as part of the application process to the Hudson Valley Paramedic Program. I feel this individual is competent to participate as a student and EMT in advanced level training at this time.

Medical Director's Name _____
(Please print name)

Medical Director's Signature _____

Date _____