

ONONDAGA COUNTY EMS BUREAU  
Student Application

Return application to:  
Anthony M. DiGregorio  
Onondaga County EMS Bureau  
421 Montgomery Street - Sub level  
Syracuse, New York 13202

**Please Print or Type**

Requested EMS Course: \_\_\_\_\_ Course location & start date: \_\_\_\_\_  
Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home address or mailing address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**This box contains a requirement that all applicants must meet.**

Agency Name: \_\_\_\_\_ PCR Agency Code: \_\_\_\_\_

*The NYS verification of membership form must accompany application or your application will be rejected.*

All personnel interested in taking any of the scheduled programs, **must** be an active member of an organization that provides pre-hospital emergency medical care. A form was sent to you with this application for your Director or Chief to sign. The form will verify your active membership. All interested personnel **must** pre-register with the Onondaga County EMS Bureau. Instructors will not take anyone into their class unless their name appears on the EMS Bureau Class list. Preference will be given to Onondaga County residents. There will be a tuition charge for out of County residents, contact the EMS Bureau for more information. **Onondaga County reserves the right to cancel any course not meeting the minimum of 10 pre-registered participants.** Should a cancellation become necessary every attempt will be made to place participants in a similar course at a different location.

**Requirements for original Advanced EMT Courses:**

- 1). A letter from your Director, Administrator or Chief stating that they **recommend** you and that the department **will Sponsor** you in the original Advanced Life Support Course. (Intermediate, Critical Care, Paramedic)
- 2). Documentation that you have a **minimum** of 1 year of active pre-hospital emergency medical care experience as a certified EMT.
- 3). A copy of your current EMT card. Your EMT certification **must** be valid **throughout** the length of the advanced training program and the NYS written certification date.

**Requirements for Hospital clinical experience for original Advanced EMT Courses:**

The hospitals require that a detailed Health Assessment form be submitted for any student that needs to do a clinical experience rotation. It is your responsibility to have the form completed and returned to the EMS Bureau before the start of the program date. Upon your acceptance for the training program you will be sent the proper form.

You will be notified by mail of your acceptance into the EMS training program. Selection for the training programs are non-discriminatory concerning race, colors, creed, sex, age or national origin.

Applicants' Signature: \_\_\_\_\_ Date: \_\_\_\_\_