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CORRECTION!!!!

**APPLICATION
DEADLINE FOR**

AEMT COURSE

DECEMBER 31, 2012

Advanced EMT Original Course at NORTH & SOUTH Campus

Intermediate EMT Course will be offered at:

- **NORTH Campus** on Monday - Wednesday Evening & Saturday morning, **Building B, Room 722.**
- **SOUTH Campus** on Monday /Tuesday / Thursday Evening in **Building 3, Room 3104.**
- **Advanced registration is required using the attached forms.** Do not contact the Registrar's Office. You must apply for this advanced course through the EMT Department at **South Campus.**

IMPORTANT NOTICE ON ADVANCED STANDING: THIS COURSE IS ONLY OPEN TO CURRENTLY CREDENTIALLED & PRACTICING EMT INTERMEDIATES. NYSDOH WILL REQUIRE ALL CURRENT INTERMEDIATES TO ATTAIN THIS ADDITIONAL TRAINING TO MAINTAIN THEIR ALS STATUS. ADVANCED STANDING WRITTEN AND SKILL TESTING WILL TAKE PLACE ON

JANUARY 2ND & 3RD 2013 AT ECC SOUTH AT 6:00PM.

Classes will begin on **Monday January 7, 2013** and end with the New York State Written Certification Examination on **Thursday June 20, 2013.**

Orientation Night for Both Programs: Monday January 7, 2013 from 7:00 pm to 10:00 pm, in Room 3104 at **South Campus. ATTENDANCE IS MANDATORY FOR ALL.** Remaining classes will resume as scheduled on your respective campus.

A complete application packet consists of the following:

1. The **application form** (copies may be made of the attached form or extras are available from the college EMT office.)
2. A **copy** of your current New York State **Intermediate EMT card**, which must be **valid through the end of the course.**
3. A signed **NYS Verification of Membership Form.**
4. Apply to the college by applying on-line at www.ecc.edu or contact the admissions office for an application, and register as a non-matriculated student.

Class size is limited to 20 students. The first 20 **complete** applications for qualified students will be accepted. Incomplete applications will not be considered for acceptance. Completed applications should be mailed or brought to the **ECC-SOUTH EMT office Room 3130** no later than:

APPLICATION DUE DATE: Monday, December 31, 2012

Physical

There will be no hospital or field internship clinical component coinciding with the Advanced EMT training. Students will be required to complete the standard ECC Health form verifying their MMR immunizations and Meningitis immunizations or declination. (Make 2 copies for your records.) Health forms should be submitted to the Health office on your respective campus.

Advanced Airway Lab

Pending approval, students will attend a 2 hour advanced airway management lab at the U.B. Cadaver lab, placing Endotracheal tubes and other supraglottic airways on human cadavers.

Malpractice insurance must be purchased by each student on orientation night to enable the student to participate in the labs and Cadaver lab. The cost will be **\$6.25 (check or money order made out to ECC)**. Proof of coverage through the EMS unit is no longer acceptable according to the Erie County Attorney's Office.

IMPORTANT: RESPONSIBILITY FOR TUITION

1. ECEMS has agreed to continue to fund tuition costs up to **\$605.00**, the level of NYS funding reimbursement, for eligible volunteer fire and EMS personnel, **contingent upon:**
 - The student must be in good academic standing at the time of Erie County billing.
 - The student **must** complete the course.
 - The student **must** pass both the NYS skill and written examinations.
 - Failure to complete any of the above will make the student financially liable for the **\$605.00**.
2. Estimated tuition bill for the Intermediate Original course is **\$1,386.00** for 7 college credits. The estimated tuition balance of **\$781.00** will need to be covered by:
 - Private pay by the student.
 - Payment by the student's volunteer fire department or EMS squad.

OR

- Student may pursue any of the financial assistance options listed below:

FINANCIAL AID OPTIONS: ECC FINANCIAL AID OFFICE IS: 851-1177(City) 851-1477(North) OR 851-1677(South)

A. **Aid for Part-Time Students (APTS):** The outstanding tuition balance for EMT Intermediate Original certification training may be covered through APTS by completing the following:

- Apply to the college through the ECC admissions office or online at www.ecc.edu, Quick Link to Admissions. Although you may not be interested in a degree at this time, Financial Aid requires you to choose a degree program. Choose General Studies as it has the most elective options.
- Apply for New York State's Aid for Part-Time Students application (APTS). Applications can be found at www.ecc.edu, Quick Link to Financial Aid. If qualified, eligible students may receive as much as \$80 per credit hour towards tuition, as long as funds remain available. **Apply ASAP As You Must Adhere To The Deadlines!!!**
- Students are also eligible for and should also apply for Federal Financial Aid (PELL grants) at www.fafsa.ed.gov. **Apply ASAP As You Must Adhere To The Deadlines!!!**

C. **Tuition Balances:** It is the responsibility of the student to ensure all tuition balances are paid in full by whatever means possible.

D. **Course Withdrawal:** Should a student decide to withdraw at any point after orientation night, you must complete a withdrawal form. Failure to do so will result in an F grade. Students may remain liable for any outstanding tuition balance. Students should refer to the ECC College Catalog for tuition refund schedule.

**** Out-of-County Students – Please Note **:** The tuition for those students who live outside of Erie County is double unless the appropriate forms are completed and promptly returned to the college Bursar's Office within 30 days of the start of the semester. See your instructor for this form.

Textbooks are:

- Primary Textbook: Prentice Hall / Brady Advanced EMT: A Clinical Reasoning Approach by Alexander & Belle (Text & Workbook)
- ITLS, latest edition, Brady
- AHA BLS Healthcare Provider

Questions? ECC – North EMT Office, (716) 851-1556 or e-mail: carlo@ecc.edu
South EMT Office, (716) 851-1781 or email: gonter@ecc.edu



ERIE COMMUNITY COLLEGE

STATE UNIVERSITY of NEW YORK

EMERGENCY MEDICAL TECHNOLOGY DEPARTMENT

PLEASE INDICATE WHICH CLASS YOU ARE APPLYING FOR: SEMESTER: SPRING / FALL YEAR: _____

Please note: **ALL STUDENTS** should complete this department application & go to www.ecc.edu and apply to the college. **Part-time students** should apply as non-matriculated students under the partnerships section of the drop-down menu. **Full-time students** should select their desired certificate or degree track.

BASIC EMT	South M,T 7-10PM /TH 6:30-10:30PM North Day M,W 9-12/F 8:30-12:30PM North Eve. T,TH 7-10/SAT 9-1:00PM	NAME _____
		ADDRESS _____ COUNTY _____
		CITY/TOWN _____ STATE _____ ZIP CODE _____
ADVANCED EMT ORIGINAL	South M,T,TH 6:30-10 PM North M,W 6:30-10PM, SAT 9 – 12:30	EMAIL ADDRESS _____ SS # _____
ADVANCED EMT RECERT	FALL SEMESTER ONLY South M,W 7-10PM	PHONE: CELL _____ HOME _____
		US CITIZEN: YES NO VETERAN: YES NO
PARAMEDIC ORIGINAL	South Day M,T,TH 8:30-2:30 South Evening M,W,TH 4:30-10:30	PRESENTLY A MEMBER/EMPLOYEE OF FIRE/EMS UNIT: _____
		_____ HOW LONG _____
PARAMEDIC RECERT	SPRING SEMESTER ONLY South M,W 7-10 PM	ATTACHED NYS VERIFICATION OF MEMBERSHIP FORM COMPLETED: YES NO

RECERTIFICATION STUDENTS: Complete the above section, credentials and signature sections ONLY.

To all prospective **Advanced Original and Paramedic students: OSHA regulations state that you must be fit-tested for N95 particulate respirator masks before** you can offer care in the back of an ambulance. If your volunteer unit has not already done fit-testing and provided you with a proper mask to carry with you, please see your chief or ALS officer **before entering the program** to have this taken care of. Without a statement saying you have been fit-tested, and a mask, you will not be permitted to ride for your field internship requirements.

CREDENTIALS: Submit photocopy of all cards

	Number	Expiration Date
Basic EMT		
Advanced		
CC 3		
PARAMEDIC		
PILS		
PALS		
ITLS		
ACLS		

IF RECERTIFYING, DO YOU PLAN TO CHALLENGE:
YES NO

Recertification challenge skills sheets may be found at:
www.health.state.ny.us/nysdoh/ems/pdf

FULL TIME STUDENTS - ADMISSIONS ADVISEMENT REQUIRED:

MATH PRETEST/PREREQUISITE: (Only 1 required.)

Waived from pretest	YES	NO
Pretest code AARLV2 or higher	YES	NO
Completed non-credit MT001 or MT003	YES	NO

ENGLISH PRETEST/ PREREQUISITE: (Only 1 required.)

Waived from pretest	YES	NO
Pretest code AWRLV3 & ARELV3 or higher	YES	NO
Completed non-credit EN 020	YES	NO

Student in good academic standing? YES NO

ADMISSIONS COUNSELOR SIGNATURE:

Personal Affirmation:

I affirm that in accordance with the requirements of 10 NYCRR Part 800, I have NOT been convicted of any misdemeanors or felonies. I understand that if I have a conviction it will be individually reviewed and that any such conviction may not be an automatic bar to certification. The Department of health will determine if the conviction is applicable under the provisions of Part 800. I affirm that the statements made on this application (including attachments) are true under penalties of perjury.

APPLICANT SIGNATURE

DATE

ORIGINAL CERTIFICATION CLASSES

EDUCATION

	NAME	DID YOU GRADUATE	DIPLOMA DEGREE	MAJOR COURSE OF STUDY	# COLLEGE CREDITS
High School		YES NO			
GED Issuing Agency		Number:		Date of Issue:	
College/Technical		YES NO			

EXPERIENCE: EMS ONLY

Length of Service: From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Hours per week _____	Name of Agency	Address	City & State
	Type of Business	Your Title	Name & Title of Your Supervisor
	Duties: Describe the Nature of the Work Personally Performed By You		

Length of Service: From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Hours per week _____	Name of Agency	Address	City & State
	Type of Business	Your Title	Name & Title of Your Supervisor
	Duties: Describe the Nature of the Work Personally Performed By You		

Paramedic Only

In a detailed narrative form, describe the amount of patient care experience you currently have, functioning as an EMT, in a non-driver role. Also describe why you are applying to the paramedic program. You may use an additional sheet of paper if necessary and attach it to this application. _____

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THIS SECTION IS FOR EMT DEPARTMENT USE ONLY

Faculty Advisement _____

Signature & Date _____

REFERENCE FORM RECEIVED: DATE: _____

ADMISSION STATUS: ADMIT NOT ADMIT DAY EVENING CERTIFICATE DEGREE

Decision Date _____

Physical sent to student? YES NO Date: _____