



## Erie County EMS Advanced Standing Student Application

Please complete the following application and submit it to ECEMS with all supporting documentation to be considered for advanced standing in a NYS EMS course.

### Student Information

Name:		
Street Name & Number:		
City/Town:	State:	Zip Code:
Phone:	Email:	

### EMS Course Information

Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	Course Number:
Course Location:	
Instructor Name(s):	Start Date:

### Medical Professional Credentials

Current NYS EMS Certification Level: <input type="checkbox"/> None <input type="checkbox"/> CFR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-CC	
NYS EMS Certification:	Years of Certified EMS Experience:
Other Professional Licenses or Certifications (check all that apply)	
<input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Nurse Anesthetist <input type="checkbox"/> Other:	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Physician <input type="checkbox"/> Licensed Practical Nurse (LPN) <input type="checkbox"/> Respiratory Therapist

### Clinical Work Experience

Only list work experience in the medical field. This experience can be volunteer or one in which you received compensation for.

Current or Most Recent Health Care Employer/ EMS Agency	
Employer Name:	
Position:	
Employment Dates (MM/YYYY to MM/YYYY):	Number of hours worked/week:
Supervisor (Name & Title):	
Supervisor Contact Phone Number:	
Duties:	

**ERIE COUNTY HEALTH DEPARTMENT, EMS DIVISION**

Previous or 2nd Health Care Employer/ EMS Agency	
Employer Name:	
Position:	
Employment Dates (MM/YYYY to MM/YYYY):	Number of hours worked/week:
Supervisor (Name & Title):	
Supervisor Contact Phone Number:	
Duties:	

**College Experience**

Only list degrees or college experiences in the medical field.

Most Recent College Experience	
College Name:	
Degree Obtained: <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	
Major:	Graduation Date:

Additional College Experience	
College Name:	
Degree Obtained: <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	
Major:	Graduation Date:

Please attach a copy of each of the following documents to support your information listed above if applicable.

<input type="checkbox"/> Professional License(s)	<input type="checkbox"/> College Unofficial Transcripts
<input type="checkbox"/> EMS or Medical Certification	<input type="checkbox"/> College Degrees
<input type="checkbox"/> Clinical experience records	
<input type="checkbox"/> Other: _____	

**Acknowledgement**

By signing below, I attest that all the information above is accurate. I also understand that submitting this application alone does not guarantee advanced standing in the course and I am required to complete a written and practical assessment to demonstrate competency.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_