



Office Use Only  
Course #: \_\_\_\_\_

# 2016 Allegany County EMS Course Registration

Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

EMT # \_\_\_\_\_ Level: \_\_\_\_\_ Expiration: \_\_\_\_\_

Course Type: Original  Refresher  BLS  ALS

If refreshing, do you plan on challenging the: Written  Practical

Level of Course: CFR  EMT  AEMT  AEMT-CC  CME CORE

\*(AEMT & CC applicants: please note the required documentation listed below must be submitted with this application.)

Course Location: Crossroads Center Start Date \_\_\_\_\_

Current Member  Agency Affiliation Applied for Membership  Not Affiliated

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

All information contained in, and submitted with, this application is true to the best of my knowledge, and I have read and understand the prerequisites listed below:  
  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please note that if you are not a member of an EMS agency, you will be charged tuition for EMS courses.)

### General Prerequisites:

- You must bring an ID, your CFR, EMT or AEMT card if previously certified along with copies of your ICS Completion Certificates if you have already completed the co-requisites and a pen to the first night of class.
- CFR Students must be at least 16 years of age, EMT and AEMT students Must be at least 18 years of age by last day of month of scheduled written exam date
- **\*An AEMT or CC student must hold an EMT certification that will not expire before the last day of the month that the NYS Written Exam is scheduled. Also must have had at least one year experience at the EMT level of certification.**
- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance)
- Knowledge and Skills required show a need for a high school or equivalent education
- Ability to interpret oral, written and diagnostic form instructions
- Ability to use good judgment and remain calm in high stress situations
- Ability to be unaffected by loud noises and flashing lights
- Ability to read English language, manuals and road maps
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
- Ability to converse in English with coworkers and hospital staff with regard to the status of the patient
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality patient care
- Ability to work with other providers to make appropriate patient care decisions
- New York State may deny certification to individuals with certain criminal convictions
- Ability to communicate effectively via telephone and radio equipment

Please email, fax or mail the completed form to Mike Barney.

Email: [barneym@alleganyco.com](mailto:barneym@alleganyco.com)

### CONTACT INFORMATION

Fax: 585-268-9695

Phone: 585-268-7658

Cell: 585-593-8943

Mail: Office of Emergency Services

Attn: Mike Barney

The Crossroad Center, Suite 110

6087 State Route 19 N

Belmont, NY 14813

Download this form @ <http://www.alleganyco.com>

This form may be copied for each registrant.