Emergency Medical Institute

New York State EMT-CC to Paramedic Bridge Program
Application Checklist and Supplemental Documentation

Please PRINT Legibly

Last Name: First Name: MI:

E-Mail Address:

Daytime Telephone:

Application Checklist

- ☐ All three pages of this form properly completed with original signatures where required.
- ☐ Properly completed (containing original signatures) New York State DOH Application for Critical Care to Paramedic Bridge (DOH-5720)
- ☐ Properly completed (containing original signatures) New York State DOH Verification of Membership in an EMS Agency Form (DOH-3312)
- ☐ Copy of your current New York State EMT-Critical Care provider credentials
- ☐ Copy of current regional ALS provider credential, or a letter verifying practice of the same from your region
- ☐ Copy of valid, government-issued, photo identification
- ☐ Copy (front and back) of Basic Life Support (CPR) provider credentials achieved no greater than 6 months prior to course start
- ☐ Copy (front and back) of Advanced Cardiac Life Support (ACLS) provider credentials achieved no greater than 6 months prior to course start
- ☐ Copy of your course completion certificate for FEMA IS-100.C
- ☐ Copy of your course completion certificate for FEMA IS-200.B
- ☐ Copy of your course completion certificate for FEMA IS-700.B
- ☐ Copy of your course completion certificate for FEMA IS-5.A

Payment Option (Please only choose one)

- ☐ Credit Card Payment (Upon being accepted into the program, students will receive a link for payment)
- ☐ Bank Check for the full tuition amount payable to: *Northwell Health.*

All of the above items must be mailed (tracked or certified mail strongly recommended) to the below address postmarked no later than the application deadline shown on LearnEMT.org:

Northwell Health
Emergency Medical Institute
1979 Marcus Avenue, Suite 101
Lake Success, NY 11042
Attention: Bridge Program

Program Selections

I have reviewed the list of available ALS Course Sponsors and am selecting the following sponsorship(s) for exam monitoring, skills instruction, and practical skills evaluation. I am aware of the dates and any applicable fees that they have posted for these sessions, and where required, will avail myself on these dates and times.

My first (preferred) choice of location is: _______ - _________ (enter sponsor ID number only)

My second (optional) choice of location is: _______ - ________ (enter sponsor ID number only)

I have read and understand the Northwell Health Emergency Medical Institute policies as they pertain to course enrollment, tuition refunds, & course requirements and are requesting a seat in this program.

Applicant's Signature: ____ **Date:** _____________

____

New York State Department of Health
Bureau of Emergency Medical Services
Certification of Eligibility

Name: PLEASE PRINT ________________________________ Course ID Number: __________

PLEASE READ BOTH STATEMENTS CAREFULLY AND SIGN ONLY ONE!

I have read and understand the Functional Job Description of an Emergency Medical Technician. I have no conditions which would preclude me from safely, and effectively performing all of the functions of the level for which I am seeking New York State Certification.

____

Signature and Date

I have read and understand the Functional Job Description of an Emergency Medical Technician and will be submitting a request for an accommodation for the New York State Written Certification Examination. I understand that I must contact the NYS DOH EMS Program Office no later than eight weeks prior to the State Written Examination.

____

Signature and Date

Northwell Health Emergency Medical Institute
EMT-CC to Paramedic Bridge Program
Course Policy & Procedure Manual

I, PLEASE PRINT ________________________________, acknowledge that I have received and read a copy of the Northwell Health Emergency Medical Institute Policy & Procedure Manual and understand its contents. I further understand that I may inquire of the Course Instructor Coordinator clarification of any portion of this manual at any time.

____

Signature and Date

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services and Trauma Systems

Service Medical Director's Affirmation for Critical Care to Paramedic Bridge

This form **can only be used for the CC to Paramedic Bridge Program,** and must be attached to a Course Memorandum and submitted by an approved course sponsor. **Both sides of this form must be completed and signed.**

PLEASE PRINT LEGIBLY IN CAPITAL LETTERS OR TYPE. PUT ONLY ONE LETTER OR NUMBER IN EACH BOX.

Course Number ☐☐☐☐☐☐ Please retain this number for future reference

This application is for: ☒ Original Certification ☐ Recertification

NYS EMS Identification Number ☐☐☐☐☐☐

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name and M.I. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐

Has your name, as stated above, changed or is it spelled differently than on your current EMS card? ☐ Yes ☐ No

Enter your name as it appears on your current EMS card. ____________________

Address Number and Street ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(skip one space between number and street)

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐

Zip Code ☐☐☐☐☐ County ☐☐☐☐

Date of Birth ☐☐ | ☐☐ | ☐☐
MM DD YY

Social Security Number X X X – X X – ☐☐☐☐

Sex ☐ Male ☐ Female

On Teaching Faculty ☐ Yes ☐ No

Agency you are active with as a CC
Please indicate the agency code ☐☐☐☐ Primary CC EMS Agency ☐☐☐☐ Secondary EMS Agency

Day Telephone Number ☐☐☐ – ☐☐☐ – ☐☐☐☐

Practical Skills Exam Date ☐☐ | ☐☐ | ☐☐
MM DD YY

NYS Written Exam Date ☐☐ | ☐☐ | ☐☐
MM DD YY

PERSONAL AFFIRMATION Read carefully before signing

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.

DO NOT SIGN THIS IF YOU HAVE ANY CONVICTIONS

I hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as applicant.
I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

______________________________ ______________
Signature of Applicant Date

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services and Trauma Systems

Service Medical Director's Affirmation for Critical Care to Paramedic Bridge

THIS SIDE OF FORM MUST BE COMPLETED BY THE SERVICE MEDICAL DIRECTOR

I, ____, serving in the capacity of
Print Name of Service Medical Director

Service Medical Director for ____
Name of ALS Service

due affirm that ____
Print Name of CC to Paramedic Bridge Applicant

is deemed competent and qualified for admission to the Critical Care to Paramedic Bridge course in accordance with the State EMS Code (10 NYCRR 800) and the policies and procedures of the Bureau of Emergency Medical Services. I affirm that the applicant meets at minimum all the following criteria:

- Actively practicing **and clinically competent** as a New York State certified CC within a regionally approved ALS system.
- **Has a minimum of 3 years experience as a NYS certified CC or higher.**
- Remains proficient in all of the cognitive and performance objectives of the New York State approved **CC** curriculum.
- In the **judgment** of the Service Medical Director the candidate is of sound character and **judgment.**
- Successfully completed the national cognitive and skills objectives in Basic Cardiac Life Support (BCLS), Cardiopulmonary Resuscitation (CPR) and Emergency Cardiac Care as outlined in the **Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care: Recommendations of the [most current] National Conference.**
- Other requirements as set forth by the Service Medical Director.

The determination of whether a candidate meets the above criteria is made solely by the Service Medical Director and should be based on, but not limited to, direct clinical observation, evaluation of performance through quality improvement/quality assurance activities, in-service training and continuing medical education (CME).

MEDICAL DIRECTOR'S SIGNATURE

As the Service Medical Director for this applicant, I do hereby affirm that the applicant named above meets the criteria to participate in the Critical Care to Paramedic Bridge Program. I understand this committment is made under the sole authority of my license to practice medicine in the State of New York.

Medical Director's Name (printed) ____

Medical Director's Signature ____

License Number | | | | | | |

Date | | | | | | |
Month Day Year

This is a two-sided form; it will not be processed unless both sides are completed, signed and submitted.