



Hudson Valley Community College

3 D U D P H G L F & H U W L A F D W H 3 U R J U D

Supplemental Application

Name _____ SS # _____

Mailing Address _____ City _____ State/Zip _____

Daytime Phone # _____ E-mail _____

EMT # _____ State _____ Level _____ Exp. Date _____

Education: HS _____ Some College _____ AS/AAS BS/BA.

Please attach a copy of your EMT card here

Please attach a copy of your CPR card here

Applicant's Statement and Signature

I, the applicant whose signature appears below this statement, acknowledge that the information set forth by the above supplemental application is true and accurate. I also understand that it is my responsibility to maintain current CPR and NYS EMT certification throughout the Paramedic Program and that I will be required to sign the EMS student application (DOH-65) which states the following: I do affirm that I have not been convicted nor am I currently charged with any crime(s). Failure to be able to sign the DOH-65 could result in my being ineligible for the NYS certifying examinations.

Signature of Applicant _____

Date _____

Please complete the second page of this s

Verification of Calls and Skills

Agency Name _____

Chief Of cer _____

Phone number for Chief Of cer/Supervisor _____

I hereby attest that _____ is a member/employee of