



Livingston County DOH/EMS Fall 2006 Course Schedule



Course Type	Location	Instructor	Days	Times	Start Date	End Date
EMT Basic Original & Refresher	Government Center 6 Court St., Room 100T Geneseo, NY	Joyce Kucich	Tue/Thu & Some Saturdays	6-10 pm	8/29/2006	12/21/2006
					Refresher Challenge Written & Practical Sat. 8/26/06 (Time TBA)	
EMT Basic Original & Refresher	Elim Bible Institute College St. Lima, NY	Joyce Kucich	Mon/Wed & some Saturdays	6-10 pm	8/30/06	12/21/2006
					Refresher Challenge Written & Practical @ Geneseo Sat. 8/26/06 (Time TBA)	
EMT Basic Original & Refresher	Dansville Ambulance 18 Ossian St. Dansville, NY	David Leven	Mon/Thu & some Saturdays	7-10 PM	9/18/2006	1/18/2007
				9 AM-4 PM	Refresher Challenge Written & Practical Sun. 9/17/2006 @ 1:00 pm	
EMT-Intermediate Original & Refresher	Government Center 6 Court St., Room 100T Geneseo, NY	Chuck Krueger	Sun Wed	6-10 pm	10/1/2006	3/15/2007
				7-10 pm	Ref. Challenge Practical 10/1/06 @ 12:00 PM	
					Ref. Challenge Written TBA	
EMT-Critical Care Original & Refresher	Government Center 6 Court St., Room 100T Geneseo, NY	Chuck Krueger	Sun Wed	6-10 pm	10/1/2006	5/17/2007
				7-10 pm	Ref. Challenge Practical 10/1/06 @ 12:00 PM	
					Ref. Challenge Written TBA	

Mail or Fax completed applications to:
 Livingston County EMS
 6 Court Street, Room 107, Geneseo, NY 14454
 Fax: (585) 243-7187

For More Information or an application packet:
 Call: (585) 243-7596
 or email: wsheahan@co.livingston.ny.us

Livingston County EMS

Course Application

Name: _____ Date of Birth: _____ Date: _____

Address: _____ Town: _____ Zip: _____

Phone #: _____ Email Address: _____

EMT #: _____ Level: _____ Expiration: _____

Type of Course: Original: Refresher: Core Content:
If Refreshing do you plan on challenging the: Written: Practical:

Level of Course: CFR: EMT: EMT-I: EMT-CC:
(AEMT applicants: please note that the required documentation listed below must be submitted with this application)

Course Location: _____ Start Date: _____

Applicant's affiliation with an EMS agency

Current member Applied for membership Not Affiliated

Agency Name: _____ Agency Code #: _____

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

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: _____

General Prerequisites:

- Knowledge and Skills required show a need for high school or equivalent education
- Ability to communicate effectively via telephone and radio equipment
- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance)
- 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
- CFR Students must be at least 16 years of age
- EMT and AEMT students Must be at least 18 years of age

AEMT (EMT-I & EMT-CC) Requirements:

(Supporting documentation must be submitted with this application)

- Proof of current NYS EMT Certification (Original) or Current / expired AEMT certification (Recertification)
- No less than one year of experience as an EMT (This requirement may be waived in extraordinary circumstances)
- Score of better than 80% on last EMT exam (Original)
- One letter of recommendation from the ALS agency sponsoring the student for the course

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6 Court Street, Room 107 Geneseo, NY 14454

Phone (585) 243-7596 Fax (585) 243-7187

Office Use Only:

Course #: _____