

# Public Safety Training Center

Monroe Community College  
Rochester, New York



## PARAMEDIC TRAINING SUPPLEMENTAL INFORMATION FORM

*(Students MUST matriculate into EM01 or EM05 at the MCC Brighton Campus to be eligible for the degree and financial aid)*

### PUBLIC SAFETY TRAINING FACILITY

Paramedic Education  
1190 Scottsville Rd. Suite 216  
Rochester, New York 14624  
ATTN: Jennifer Levey ([JLevey@monroecc.edu](mailto:JLevey@monroecc.edu))

**INSTRUCTIONS:** Print or type all information in the spaces provided. Attach additional sheets as needed. Failure to complete the form or submit the required documentation may result in a rejection from the program. Return completed Supplemental Form to the Selection Committee via email or mail listed above.

### STUDENT INFORMATION: (Print or type)

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Day Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Evening Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMT No: \_\_\_\_\_ Level: [ ] B [ ] I [ ] CC Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (You must be at least 18 years old)

Email Address: \_\_\_\_\_

Original Certification Date: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

### ATTACH THE FOLLOWING DOCUMENTS TO THIS FORM:

- |   |   |
|---|---|
| <input type="checkbox"/> Cover Letter of introduction.                            | <input type="checkbox"/> Copy of your EMT card.                       |
| <input type="checkbox"/> Copy of any other related EMS/Medical/License documents. | <input type="checkbox"/> Any other material relevant to this program. |

Two Letters of reference from individuals other than those listed above.

**EMS EXPERIENCE:** Paid and volunteer activities. List chronologically:

Location	Job Title	Dates	Hours/Month	Supervisor & Phone #

**REFERENCES:**

List two references that are familiar with your EMS activities:

Name	Address	City	Phone Number(s)

**EDUCATION HISTORY:**

Have you ever applied to an A-EMT-CC or Paramedic Program any where in the USA?  No  Yes  
If Yes, fully describe the reason(s) you did not complete the program and provide the CIC's name with a phone number.

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**CERTIFICATION STATEMENT:**

I, the undersigned, acknowledge that the information set forth on this form is true and accurate. I also give permission to Monroe Community College, the selection committee members, and the course faculty to contact the references I have listed and understand that any information given by the references will remain confidential between the College and the references.

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Signature of prospective Student Date

**FOR OFFICE USE ONLY:**

Complete?  Yes  No \_\_\_\_\_

1	Initial	On	Rating
2	Initial	On	Rating
3	Initial	On	Rating
	Ref 1	Ref 2	Ref 3

Action Taken