

Certified First Responder Application Information Packet

Student Requirements – General

The enrolled student must comply with the following:

- Be proficient in reading, writing and speaking in order to clearly communicate with a patient, family, or bystander to determine a chief complaint, nature of illness or, mechanism of injury; assess signs and symptoms; and interpret protocols.
- Have no physical or mental impairment that would render the student or provider unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform patient care, physical assessments, and treatments without the need for an assistant.
- Student must attain seventeen (16) years of age by the end of the month in which the course NYS written exam is scheduled.

Application submission checklist:

- Student Information Form
- Verification of Membership in a NYS EMS Agency DOH-3312 (if affiliated with an EMS Agency holding a NYS agency code)
- ADA Certificate
- Course Contract
- Confidentiality Policy
- JCC Registration Form
- County Certificate of Residency Form (see [EMS Forms Page](#))
- [IS-100.C: Introduction to the Incident Command System, ICS 100](#)
- [IS-700.B: An Introduction to the National Incident Management System](#)
- [IS-5.A: An Introduction to Hazardous Materials](#)

ALL FORMS MUST BE SUBMITTED PRIOR TO FIRST SESSION. STUDENTS WILL NOT BE ADMITTED WITHOUT ALL DOCUMENTS.

Return COMPLETE Application Packet to:

Jefferson County EMS
531 Meade Street
Watertown, NY 13601
or email to
JCEMS@co.jefferson.ny.us

Student Information



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General Information

First name _____ Last name _____

Street _____

City _____ State _____ Zip Code _____

Email _____

Primary Phone # _____

Emergency Contact

First name _____ Last name _____

Street _____

City _____ State _____ Zip Code _____

Primary Phone # _____

Are you affiliated with a fire department or ambulance service?

- Yes, Agency: _____
- No

Application for which type of course:

CFR Original Course Number _____ Start date: _____

EMT Original Course Number _____ Start date: _____

EMT Refresher Course Number _____ Start date: _____

AEMT Course Number _____ Start date: _____

AEMT Refresher Course Number _____ Start date: _____

Paramedic Refresher Course Number _____ Start date: _____

NEW YORK STATE
EMERGENCY MEDICAL SERVICES PROGRAM

CERTIFICATION OF ELIGIBILITY

By the second session of any New York State Certification Course, each student must sign ONE of the following statements:

Student Name (please Print) _____

I have read and understand the functional job description of a(n) CFR/EMT. I have no conditions which would preclude me from safely and effectively performing all the functions of the level of CFR/EMT for which I am seeking New York State certification.

Signature

Date

I have read and understand the functional job description of a(n) CFR/EMT. I will be submitting a request for an accommodation for the New York State Written Certification Examination. I understand that I must contact the Bureau of EMS Central Office no later than eight (8) weeks prior to the scheduled State written examination for this course.

Signature

Date

**JEFFERSON COUNTY EMS PROGRAM
531 Meade Street, Watertown, New York 13601
(315) 786-3760**

COURSE CONTRACT

This document serves as a binding commitment between the Course Sponsor and the Student.

Student's Name

It is agreed that the student identified above has read and fully understands the academic policies and procedures set forth for this course.

It is agreed that failure to comply with the policies and procedures of this course can be grounds for immediate dismissal.

The above named student promises to exercise complete honesty and integrity during all aspects of this program and to act in a professional manner at all times.

I agree to follow this contract and fully understand the requirements for completion of this course.

Student's Signature

Date

I/C's Signature

Date

**JEFFERSON COUNTY EMS
CONFIDENTIALITY AND DISSEMINATION OF PATIENT INFORMATION
AND VERIFICATION POLICY**

Given the nature of our work, it is imperative that we maintain the confidentiality of patient information that we receive in the course of our class. JEFFERSON COUNTY EMS (hereby referred to as JCEMS) prohibits the release of any patient information to anyone outside the organization with which we are riding or Class Instructor unless required for purpose of treatment, payment, or healthcare operations and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for treatment of the patient, billing, and other essentials of healthcare operations, peer review, internal audits, and quality assurance activities.

I understand that the ambulance services who have agreements with JCEMS provide services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of said patients. I understand that it is necessary in the rendering of services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written, or photographic and all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by agencies during my entire association with JCEMS. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify my Class Instructor immediately. In addition, I understand that a breach of patient confidentiality may result in expulsion from my current class and may prohibit me from taking any future classes association with JCEMS.

Name (please print)	Signature	Date
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Student ID:

J _ _ _ _ _



Registration Term:

Spring 20__ Summer 20__ Fall 2019 Winter 20__

Current Legal Name **Date of Birth**

_____-_____-_____-
Last First MI M Month Day Year

Previous Name (if applicable) **Email address**

Current Address

_____-_____-
Street County

_____-_____-_____-
City State Zip Code Home Telephone Number

_____-_____-_____-
Cell Phone Number Business Telephone Number

Home of Record (If military)

_____-_____-
Street County

_____-_____-_____-
City State Zip Code

Citizenship **Student Social Security Number**

- U.S. Citizen
- Resident Alien (green card)
- Refugee/Asylum

Hispanic Origin

- Non-Hispanic
- Dominican
- Mexican
- Puerto Rican
- Central American
- South American
- Cuban
- Other/ Unknown

Ethnicity

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

Gender

- Male Female

Student Registration Form

High School Data: Please check one.

I graduated from _____ in _____.
High School Year
The school city/state is: _____
 I received a GED (equivalency Diploma) from the
State of _____ in the year _____.
 I am not a high school graduate or GED holder since
I am still enrolled at _____
with an expected graduation date of _____.
 I am not a high school graduate or GED holder.
 I was/am being homeschooled with a graduation date of
_____.
(month/Year)

College Education History:

- New:** I have never attended college.
- Continuing:** I was in attendance at JCC last semester.
- High School:** I have attended or am attending JCC while in high school.
- Returning:** I have attended JCC in the past taking credit courses, but I was not enrolled last term.
- Transfer:** I have never attended JCC, but I have attended a degree-granting College/University: **Enter data below.**
Academic transcripts are required for all colleges which you have attended or from which you have received (or will receive) credit.

College Name	City, State	Attendance Date	Degree Earned

This completed form may be faxed to: **315-786-2471**
This completed form may be mailed to:
Advising, Career & Counseling Center
Jefferson Community College
1220 Coffeen Street
Watertown, NY 13601
This completed form may be emailed to: **advising@sunyjefferson.edu**
Questions? Call 315-786-2271

Complete both sides of this form.
Incomplete forms may result in processing delays.

J _____

Student Registration Form

Course Selections for term: _____

CRN	Course	Days	Times
84841	EMS 100	Mon., Thurs.	6 PM-9 PM

Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Incomplete registration forms may result in processing delays.

Census Data

Federal, state and local laws mandate that the information requested below be filled out completely to provide statistics for the federal and local agencies. These statistics impact college funding.

Military Affiliation

- Active-duty
- Veteran
- Spouse of active duty
- Dependent of active duty
- Dependent of Veteran
- Spouse of Veteran
- Reservist
- None

Plans for employment during the semester

- Not employed
- Employed full-time
- Employed part-time (20 hours or more)
- Employed part-time (less than 20 hours)

International Students

Visa Type _____
 Country of Citizenship _____

Language you feel most comfortable with

- English
- Spanish
- Other

Disability

- None
- (1) Learning Disability
- (2) Vision Impairment
- (2a) Vision Impairment- Legally Blind
- (3) Hearing Impairment
- (3a) Legally Deaf
- (4) Chronic Illness
- (5) Mobility Impairment- No Device Needed
- (5a) Mobility Impaired- Wheelchair Needed
- (5b) Mobility Impaired- Other Device Needed
- (7) ADD/ADHD
- (8) Psychological Disabilities
- (9) Traumatic Brain Injury
- (10) Other Physical Impairment
- (14) Asperger's
- (15) Autistic
- (16) Speech/Language Impairment
- (17) Alcohol/Substance Abuse
- Prefer Not to Answer

Primary Objective at JCC (choose one)

- Transfer to another SUNY college after earning a degree from JCC.
- Transfer to a non-SUNY college after earning a degree from JCC.
- Transfer to a SUNY college without earning a degree from JCC.
- Transfer to a non-SUNY college without earning a degree from JCC.
- Earn a degree/certificate from JCC and seek employment.
- Learn new skills or upgrade existing skills without earning a degree.
- Seek enrichment rather than pursue a degree/certificate from JCC.
- Obtain a Certification of General Education Development (GED)
- Uncertain
- Other: _____

First Generation College Student Survey

Did either of your parents graduate from a college or university with a bachelor's (4-year) degree?

- yes no

Did either of your parents graduate from a college or university with an associate's (2-year) degree?

- yes no

Perkins Grant Program Survey

New Students Only

To comply with reporting requirements under the Perkins grant program, the College requests you answer the following question. The information is confidential, for reporting numerical statistics only. The information is NOT used to determine eligibility for admission, enrollment or registration.

Are you unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment?

- yes no

If yes, please indicate if either of the following items applies to you.

You have worked primarily without pay to care for a home and family and for that reason you have diminished marketable skills and you have been dependent on the income of another family member but are no longer supported by such income.

- yes no

You are a parent whose youngest dependent child will become eligible to receive assistance under Part A of Title V of the Social Security Act not later than two years after the date on which the parent applies for assistance under this Title.

- yes no