



The Center for Learning & Innovation
1979 Marcus Avenue, Suite 101
Lake Success, New York 11042
PH: 516.396.6150
FX: 516.396.6171
E-Mail: CLI@nshs.edu
Website: www.nslj.com/cli



Paramedic Program Application Instructions

As an applicant, you are ultimately responsible for insuring your application is complete and ready for evaluation by the Admissions Committee. Part of that process is making sure that your application contains necessary information and is submitted with supporting documentation. Here are some instructions to assist you in completing the application.

1. The Paramedic Program Application is a PDF Form that allows you to enter information into the fields provided. Once you have entered the information into the form, please print the form and sign and date the application in the areas indicated.
2. The application may be printed and handwritten. However, all information **must** be legible. Applications that are not legible may result in the candidate having to re-submit an amended application, and subsequently delay the admissions process.
3. Insure that all requested documentation is attached to your application. Documentation includes copies of the following:
 - a. High School Diploma or GED.
 - b. Valid Driver's License.
 - c. New York State Department of Health EMT-B Certification, or higher.
4. Reference letters may be included, but are not required, at the time the application is submitted. However, applications will not be considered by the Admissions Committee until all reference letters have been received.
5. Submit the completed application to the Center for Learning and Innovation, along with a non-refundable \$100.00 application fee. Credit, check, or money order payments only. Checks can be made out to "NSLIJ-CLI". ***Cash will not be accepted.***
6. You are strongly encouraged to submit your application in person, during normal business hours (8am-4pm, M-F), so that staff can quickly review your documentation and insure that it is complete.
7. Completed applications and accompanying documentation may be submitted through United States Postal Service, FedEx, or other delivery services. ***Online submission of the application is not available at this time.***

In order to be considered for admission, all applicants must submit.....

- Application
- \$100 Application Fee (Non-refundable).
- Copy of high school diploma, or GED.
- Copy of NYS EMT-B Certification, or higher.
- Two (2) Reference Letters
 - One (1) professional reference (individual must have knowledge of applicants clinical practice)
 - One (1) personal character reference

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home _____ Work _____

Cell _____ Other _____

Email (Required): _____ SS #: _____

Place of Birth: _____

Are you currently eighteen (18) years of age or older? Yes No

Do you have a valid drivers license ? Yes No State: _____ DL Number: _____

PROGRAM ELIGIBILITY

Are you eligible to participate in the Paramedic Program under applicable United States Law? Yes No
(Please refer to the Department of Homeland Security (DHS) website at www.DHS.gov for further information)

HIGH SCHOOL EDUCATION

Name of High School: _____

City: _____ State: _____ Year Graduated: _____

Dates attended: _____ to _____

If you did not graduate, do you have a High School Equivalency Diploma (G.E.D)? Yes No

PROGRAM INFORMATION

I am applying for admission to the paramedic program beginning: Fall Spring Other

Where did you take your original EMT-B Course? _____

When were you first certified as an EMT-B? _____

When does your EMT-B card expire?* _____

*-Candidates accepted into the program must have expiration dates past the scheduled date of the NYS written examination.

Do you currently work or volunteer as an EMT-B**? Yes No

If YES, specify: _____

** -Candidates accepted into the program must remain clinically practicing as an EMT-B for the duration of the program.

EMS EMPLOYER/VOLUNTEER HISTORY

Name of Agency: _____

Address: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Years Worked: _____

Name of Agency: _____

Address: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Years Worked: _____

REFERENCES

Reference letters are required for this program: one (1) personal character and one (1) professional reference. Professional references must be submitted on official agency letterhead. Reference letters may be sent, in a sealed envelope, directly to the program separately from the application. However, an application will not be considered for admission without receipt of the reference letters.

For your convenience, a professional reference letter request form can be found on our website at www.northshorelij.com/NSLIJ/cemsti.

Criminal Conviction and Background investigation Policy

The criminal conviction policy for the Paramedic Program is in accordance with requirements set forth by the State of New York NYCRR 10 800.6 (f) (www.health.ny.gov/nysdoh/ems/part800.htm), and Bureau of EMS Policy 09-05-**Re: Certification for Individuals with Criminal Convictions** (<http://www.health.ny.gov/nysdoh/ems/pdf/09-05.pdf>).

I have been made aware of the criminal conviction policy for the paramedic program and I understand that if I do have a criminal conviction, and I am selected to enroll in the program, that upon graduation, I may not be eligible to take the New York State Certification Examination for Emergency Medical Technician. I further understand that without such certification, I may be unable to work in New York State in that professional discipline.

I have also been made aware that, if offered acceptance, I may be required to submit to a background investigation to determine eligibility to perform clinically within the various settings of the Paramedic Program. I further understand that negative information from the background investigation may result in the North Shore-LIJ Health System, Center for Learning and Innovation, rescinding any offers of enrollment in its paramedic program.

Signature of Applicant

Date

APPLICATION ATTESTATION

I certify that the information contained within this application is complete and accurate to the best of my knowledge and belief.

Signature of Applicant

Date



The Center for Learning & Innovation
1979 Marcus Avenue, Suite 101
Lake Success, New York 11042
PH: 516.396.6150
FX: 516.396.6171
E-Mail: CLI@nshs.edu
Website: www.nslj.com/cli



Professional Reference Request Instructions

As an applicant, you are ultimately responsible for insuring your application is complete and ready for evaluation by the Admissions Committee. Part of that process is making sure that your references have been submitted by the people you have selected to provide those references. Here are some instructions to assist you in obtaining those references.

1. A Sample Request for Professional Reference is available online and/or via email. This sample contains information that the admissions committee will need to properly evaluate your application.
2. The Sample Request for Professional Reference is a PDF form that allows you to enter your personal information in the fields provided. Once you have entered the information into the form, please print out the form and deliver it to the individual that will be providing your reference.
3. It is strongly suggested that you also provide the individual with an envelope addressed as indicated in the Sample Request for Professional Reference. This will expedite the process for the individual providing the reference.
4. The professional reference may also be faxed (516-396-6171) or scanned and email (CLI@nshs.edu). The reference must contain the name and signature of the individual, and be completed on agency letterhead.
5. Your application will not be considered by the admissions committee unless it is complete, and contains all reference letters.
6. You will be contacted in the event that any item is missing; however, the Center for Learning and Innovation will not be responsible for obtaining any of the missing items. This is solely your responsibility.



The Center for Learning & Innovation
 1979 Marcus Avenue, Suite 101
 Lake Success, New York 11042
 PH: 516.396.6150
 FX: 516.396.6171
 E-Mail: CLI@nshs.edu
 Website: www.nslj.com/cli



Professional Recommendation Request

Program: Paramedic Original Program

Location: Emergency Medical Institute, Center for Learning and Innovation
 North Shore-LIJ Health System

Name of Applicant: _____

Address: _____

The above-named applicant has applied for admission to the Paramedic Program at the Emergency Medical Institute, Center for Learning and Innovation, of the North Shore-LIJ Health System. We need you to provide information concerning the applicant as it relates to their ability to complete the program and achieve certification as an Advanced Emergency Medical Technician-Paramedic (AEMT-Paramedic) in the State of New York. **All letters of professional recommendation must be on official agency letterhead and contain your contact information, in case the program needs to communicate with you about information contained therein.**

Please consider providing information about the applicant in the following areas:

1. Length of time you have known the applicant and in what capacity.
2. Professional qualifications, employment record, and educational background.
3. Communication skills.
4. Decision making and problem solving skills.
5. Teamwork and Interpersonal skills.
6. Personal Responsibility and Integrity.

Please be sure to include the name of the program that the applicant is applying for in the recommendation letter. **Applications for admission will not be considered until we have received the letter of professional recommendation.**

Please return letters of recommendations directly to:

Center for Learning and Innovation
 North Shore-LIJ Health System
 1979 Marcus Avenue, Suite 101
 Lake Success, New York 11042
 Attention: Anthony Conrardy-Paramedic Program Director

Thank you for your time and assistance in providing the applicant an opportunity to join our program.