



**New York State EMT-CC to Paramedic Bridge Program  
Application Checklist and Supplemental Documentation**

Please PRINT Legibly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

**Application Checklist**

- All three pages of this form properly completed with original signatures where required.
- Properly completed (containing original signatures) New York State DOH Application for Critical Care to Paramedic Bridge (DOH-)
- Properly completed (containing original signatures) New York State DOH Verification of Membership in an EMS Agency Form (DOH-3312)
- Copy of your current New York State EMT-Critical Care provider credentials
- Copy of current regional ALS provider credential, or a letter verifying practice of the same from your region
- Copy of valid, government-issued, photo identification
- Copy (front and back) of Basic Life Support (CPR) provider credentials achieved no greater than 6 months prior to course start
- Copy (front and back) of Advanced Cardiac Life Support (ACLS) provider credentials achieved no greater than 6 months prior to course start
- Copy of your course completion certificate for FEMA IS-100.C
- Copy of your course completion certificate for FEMA IS-200.B
- Copy of your course completion certificate for FEMA IS-700.B
- Copy of your course completion certificate for FEMA IS-5.A
- Check or money order for tuition in full payable to: *Northwell Health*. Students opting to pay by credit card may do so completing the credit card authorization form on page 2 of this form.

All of the above items must be mailed (tracked or certified mail strongly recommended) to the below address postmarked no later than the application deadline shown on LearnEMT.org:

Northwell Health  
Emergency Medical Institute  
1979 Marcus Avenue, Suite 101  
Lake Success, NY 11042  
Attention: Bridge Program

## Program Selections

I have reviewed the list of available ALS Course Sponsors, and am selecting the following sponsorship(s) for exam monitoring, skills instruction, and practical skills evaluation. I am aware of the dates and any applicable fees that they have posted for these sessions, and where required, will avail myself on these dates and times.

My first (preferred) choice of location is: \_\_\_\_\_ - \_\_\_\_\_ (enter sponsor ID number only)

My second (optional) choice of location is: \_\_\_\_\_ - \_\_\_\_\_ (enter sponsor ID number only)

I have reviewed the list of available Regional Testing Sites, and am selecting the following exam site for my New York State written certification examination: Site # \_\_\_\_\_

I have read and understand the Northwell Health Emergency Medical Institute policies as they pertain to course enrollment, tuition refunds, & course requirements and are requesting a seat in this program.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### **Credit Card Authorization Form**

(For students opting to pay by credit card)

Payment is for (student's name): \_\_\_\_\_

Name that Appears on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I authorize the Northwell Health Center for Learning & Innovation to charge the above card for a tuition payment in full in the amount of \$1,500.00.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

New York State Department of Health  
Bureau of Emergency Medical Services  
Certification of Eligibility

Name: \_\_\_\_\_ PLEASE PRINT \_\_\_\_\_ Course ID Number: 24 \_ \_ \_ \_

**PLEASE READ BOTH STATEMENTS CAREFULLY AND SIGN ONLY ONE!**

I have read and understand the [Functional Job Description of an Emergency Medical Technician](#). I have no conditions which would preclude me from safely, and effectively performing all of the functions of the level for which I am seeking New York State Certification.

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Signature and Date

I have read and understand the [Functional Job Description of an Emergency Medical Technician](#) and will be submitting a request for an accommodation for the New York State Written Certification Examination. I understand that I must contact the NYS DOH EMS Program Office no later than eight weeks prior to the State Written Examination.

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Signature and Date

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Northwell Health Emergency Medical Institute  
EMT-CC to Paramedic Bridge Program  
Course Policy & Procedure Manual

I, \_\_\_\_\_ PLEASE PRINT \_\_\_\_\_, acknowledge that I have received and read a copy of the Northwell Health Emergency Medical Institute Policy & Procedure Manual and understand its contents. I further understand that I may inquire of the Course Instructor Coordinator clarification of any portion of this manual at any time.

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Signature and Date