

# SPRING 2019



## EMT

### ORIG & Refresher

SUNY **Cobleskill**  
Paramedic Program

**TUES. & THURS. 6 pm - 10 pm**

**REFRESHER Challenge exams: 01/15/19 & 01/17/19**

**ORIGINAL Course starts: 01/22/19**

**PSE: 05/09/19 Written Exam: 05/16/19**

Pending NYS DOH approval

**Registration forms due by: 01/02/19 NOON!**

**Mail to: SUNY Cobleskill Paramedic Program**

**111 Schenectady Ave. Cobleskill, NY 12043**

**For more information: EMAIL [paramedic@cobleskill.edu](mailto:paramedic@cobleskill.edu)**

**PHONE 518-255-5367 (5EMS)**

**COST: Non-credit:** Tuition waived with Verification of Membership (DOH 3312) Must be submitted with registration.

**Credit:** Tuition fees for 4 credit hours. Call for more info.



*Find the latest updates on our Facebook page! For more info call 518-255-5367 (5EMS)*

**Registration:** Non-matriculated students may enroll in SUNY Cobleskill courses as long as the course has seat availability and the student meets course pre-requisites. Priority is first given to current SUNY Cobleskill students.

- Non-matriculated or non-degree students are not formally enrolled in a degree program.
- Non-matriculated students may only enroll in up to 11 credit hours per semester.
- Non-matriculated students are NOT eligible for financial aid.
- Non-matriculated students may NOT accumulate more than 12 credit hours in non-matriculated status (advisement and permission is required for students approaching the 12 credit mark). Exceptions are only made for those students who do not intend on earning a degree at SUNY Cobleskill.
- \*Students must be at least 16 years old or have completed high school in order to enroll in courses at SUNY Cobleskill.

**Print or type all information clearly.**

1. Last Name	First Name	Middle
2. Social Security Number	3. * Date of Birth (Month/Day/Year)	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Semester you wish to enroll _____ (Month) _____ (Year) (January, June, or August)		
6. High School _____  <input type="checkbox"/> Currently enrolled in high school    Expected date of graduation _____  <input type="checkbox"/> Graduated    Year of graduation _____ <input type="checkbox"/> Withdrawn from high school <input type="checkbox"/> GED		
7. Permanent (home) address (include PO Box, Apartment number as appropriate)  <div style="text-align: center;">→   →   →</div>	Street	
	City/State/ZIP	
8. Home Phone (    ) _____	9. Daytime phone (if different) (    ) _____	
10. E-mail address:		
11. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Are you a New York State resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If your principal or permanent home has not been in New York State for a 12-month period immediately prior to the date you intend to enroll, you will be considered an out-of-State student for tuition purposes. Please note that if you are financially dependent and your custodial parent lives in a state other than New York State, you will be considered a resident of that state.</small>		
13. County of Residence (NY State residents only):		
14. Your response to the following racial/ethnic question is voluntary, but federal civil rights legislation and implementing regulations require the University to submit counts of its student body by racial/ethnic categories. Your cooperation, therefore, while voluntary, is essential to the accurate reporting of this information.		<input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (not listed above)
15. Have you been dismissed and/or suspended from a college for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I understand that this application cannot be processed if it has not been completed according to instructions and that all information submitted is true to the best of my knowledge. Any deliberate falsification or omission of data may result in denial of admission or in dismissal.		
Signature		Date

**Mail this completed application to: SUNY Cobleskill Paramedic Program, 111 Schenectady Ave., Cobleskill, NY 12043**

• To enroll in a NYS EMT or advanced level course, the student must turn 18 by the end of the month in which that course is scheduled to test. NYS certification exams are held in the last month of the semester.

