

SUNY Cobleskill
Paramedic Program

NYS RAPID REFRESHER Registration

AEMT #

Paramedic #

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

NYS CERTIFICATION: AEMT Exp. Date: _____

Paramedic Exp. Date: _____

NIMS CERTIFICATES (IS 5, 100, 200, 700): Attached Will provide later

NOTES:

***MAIL REGISTRATION, APPLICATION & VERIFICATION OF MEMBERSHIP DOH 3312 TO:**

SUNY Cobleskill Paramedic Program, 111 Schenectady Ave., Cobleskill, NY 12043

***Please send ORIGINAL forms. Copies cannot be accepted.**

Confirmation will be sent upon receipt of registration.

For more info contact us at: paramedic@cobleskill.edu or PH 518-255-5367 (5EMS)