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Advanced Standing Application

Candidate Eligibility Requirement

NOTE: This form must be typed- insert applicable information in the box with the underline

Must have a current certification as a NYS EMT or AEMT, which must remain valid throughout the duration of the course, and NYS certification or license in one of the professions listed below:

EMT-Intermediate, EMT-Critical Care, Registered Nurse, Nurse Midwife, Nurse Anesthetist, Nurse Practitioner, Physician Assistant, Physician.

Further a few specific class sessions may be waived for Licensed Practical Nurses, Respiratory Therapist and other Medical and allied health professionals when appropriate.

Name of Applicant: _____

Address of Applicant: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

NYS EMT Certification Number: _____

Date of Expiration: _____

Course Information:

Course #: _____

Course Type: _____

Course Instructor: _____

Course Location: _____

Required Attachments

Copies of the candidate's license(s), certification(s) and/or course completion records from relevant continuing education programs (ACLS, PALS or equivalent, ATLS or equivalent, clinical training and experience).

Allied Health Care Professionals must show proof of current work experience or work experience within the last three years. This shall include a letter from current or past employers on letterhead and signed by the supervisor.

Applicant Affirmation

I hereby certify that all the information contained in this application is true and correct and that the signature below is mine as applicant.

Applicant's Signature _____

Date _____

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Note: This form must be typed and submitted with the Advanced Standing Application in order for student to be considered by the Medical Director for advanced standing within an EdCorp course. Use the course syllabus to determine which session numbers and titles student wishes to be excused from.

Advanced Standing – Supporting Documentation

Applicant: _____
 Certification: _____
 Certification _____
 Exp.: _____

Basic Information

Member/Agency: _____
 Initially certified as an EMT-Intermediate: _____
 Placed on-line: _____
 Approved as an Intermediate Preceptor: _____
 Recent call volume: _____

Specifics – Classroom (by session)

List the specific sessions and pertinent reasons for excusal. Copy and paste more sections if needed.

Session #: _____ Session Title: _____

Rationale:

Session #: _____ Session Title: _____

Rationale:

Session #: _____ Session Title: _____

Rationale:



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