



EMS STUDENT CONTRACT

I agree to attend all of the sessions of the EMS course being offered by Arnot Ogden Medical Center. I realize that if for some extenuating circumstances I miss a session, I will need to make that session up. Make-up arrangements for missed sessions need to be made with the Instructor/Coordinator. I realize that failure to fulfill the above obligations will make me ineligible to take the practical and written certifying exams. My signature below affirms I understand the obligations of this contract.

_____ (Print Name)

_____ (date)

_____ (Signature)

FUNCTIONAL JOB DESCRIPTION

PLEASE CHOOSE ONE STATEMENT BELOW:

I have read and understand the functional job description of CFR/EMT/AEMT. I have no conditions which would preclude me from safely and effectively performing all the functions of the level of CFR/EMT/AEMT for which I am seeking New York State certification.

_____ (Print name)

_____ (Signature)

I have read and understand the functional job description of a(n) CFR/EMT/AEMT. I will be submitting a request for an accommodation for the New York State Written Certification Examination. I understand that I must contact the Bureau of EMS Central Office no later than six (6) weeks prior to the scheduled State written examination for this course.

_____ (Print name)

_____ (Signature)

INSTRUCTOR SIGNATURE: _____