



**UNIVERSITY OF ROCHESTER**  
**RIVER CAMPUS *MEDICAL EMERGENCY RESPONSE TEAM***  
**TRAINING DEPARTMENT**

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**Crew Chief Trainee Program: Application**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

CPU Box: \_\_\_\_\_ E-mail: \_\_\_\_\_

Class Year: \_\_\_\_\_

SID #: \_\_\_\_\_ LCC (on ID Card) \_\_\_\_\_

~~~PLEASE ATTACH COPIES OF ALL CERTIFICATIONS and RECIPROCITY PAPERWORK~~~

NYS DOH Certification: EMT-B | EMT-I | EMT- CC | EMT – P

NYS DOH Certification Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

CPR Certification:

ARC CPR – FPR (1 yr) Expiration: \_\_\_\_\_

AHA BLS – HCP (2 yrs) Expiration: \_\_\_\_\_

Other: \_\_\_\_\_ Expiration: \_\_\_\_\_

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Why do you want to become a Crew Chief?

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Please describe qualities you have that will be beneficial to your training as a Crew Chief

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Are you a member of other EMS agencies? Please describe the role of your agency in its response area (ie. ALS intercept agency, Critical Care Transport, Non-emergent transport)

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Please describe your role/position in the agency (ie. Crew Chief, 2<sup>nd</sup> medic, Driver)

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How long have you been involved in EMS?

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Do you have any conditions that MERT should know about (ie. allergies, medications, medical history, etc.)?

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I hereby request to begin training as a Crew Chief with R/C MERT. I have been informed of the requirements to be cleared as a Crew Chief, and I agree to conform to those guidelines. I am also aware of the R/C MERT Standard Operating Procedures and agree to follow all procedures listed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Training Department Use only**

|             | Date | Signature |
|-------------|------|-----------|
| Received    |      |           |
| Interviewed |      |           |