



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

School of Health Sciences and Practice

and INSTITUTE OF PUBLIC HEALTH

APPLICATION

Advanced Certificate in Emergency Management

TERM OF APPLICATION _____ FALL/YEAR _____ SPRING/YEAR _____ SUMMER/YEAR _____
(CHECK ONE)

NAME

Prefix	Last	First	Middle
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DATE OF BIRTH _____/_____/_____ PLACE OF BIRTH _____
State/Country

MALE / FEMALE _____ ANY NAME PREVIOUSLY USED _____

HOME PHONE (_____) _____ - _____ CELL PHONE (_____) _____ - _____ Email: _____

PERMANENT ADDRESS

Number and Street

City	County	State	Zip Code
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CURRENT ADDRESS (if different from Permanent)

Number and Street

City	County	State	Zip Code
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Have you previously applied for admission to School of Health Sciences and Practice? _____ Yes _____ No

If Yes, semester/year/program _____

University/College where you obtained your bachelor's degree _____

Year of graduation _____

If First Responder, please complete the following:

Name of Agency	Role/Title	Number of Years at Agency

Requirements:

- Bachelor's degree
- Resume or CV
- 2 Recommendations
- Personal Statement

Please submit the requirements to:

New York Medical College
School of Health Sciences and Practice
Office of Admissions
40 Sunshine Cottage Road
Valhalla, New York 10595
shsp_admissions@nymc.edu

I hereby certify that the information given above and in any attached documents is complete and accurate. I acknowledge that all materials submitted become the property of the College and cannot be returned or photocopied for me.

SIGNATURE _____ DATE _____
Month/Day/Year

The School of Health Sciences and Practice of New York Medical College admits qualified students regardless of race, color, national or ethnic origin, religion, creed, sex, age, or disability to all of its programs and activities.