

CSN Paramedic Experience Documentation Form

Name: _____ **NSHE ID:** _____

Program Track: Regular Academy **Program Year:** _____

Applicant: For selection purposes into the Paramedic Program, please complete the following and return with the application. Contacts may be made to verify information. Additional copies of this form may be submitted if necessary.

1. Paid 911 EMS Experience

How many months have you worked as a paid, full-time, 911 EMS provider? _____

How many months have you worked as a paid, part-time, 911 EMS provider? _____

Agency: _____ **Address:** _____

Phone: _____ **City/State/Zipcode:** _____

Contact Person: _____ **Title:** _____

Your Position: _____

Agency: _____ **Address:** _____

Phone: _____ **City/State/Zipcode:** _____

Contact Person: _____ **Title:** _____

Your Position: _____

2. Other Pre-hospital Experience

How many months have you spent as a pre-hospital EMS provider (*not included in #2*)... (non-911 ambulance service, volunteer EMS agency, EMS event staff, casino EMT, etc.)? _____

Company: _____ **Address:** _____

Phone: _____ **City/State/Zipcode:** _____

Contact Person: _____ **Title:** _____

Your Position: _____

Company: _____ **Address:** _____

Phone: _____ **City/State/Zipcode:** _____

Contact Person: _____ **Title:** _____

Your Position: _____

3. Other Medical Experience

How many months have you worked or volunteered as *any other* type of healthcare provider (non-EMS = ER tech, scribe, medical assistant, etc.)? _____

Company: _____ **Address:** _____

Phone: _____ **City/State/Zipcode:** _____

Contact Person: _____ **Title:** _____

Your Position: _____

Brief description of your related experience:

4. Previous College Experience

Highest Degree Obtained*: Doctorate Masters Bachelors Associates _____

College/University: _____

Graduation Date: _____

** Proof of graduation must accompany this application.*

I acknowledge the above information is accurate and complete to the best of my knowledge.

Signature Date