

EMT WORK EXPERIENCE VERIFICATION

Section F

1. *The applicant will sign the EMT WORK EXPERIENCE VERIFICATION form (Section F).*
2. *The applicant will submit the EMT WORK EXPERIENCE VERIFICATION form to their supervisor or administrator*
3. *The administrator/supervisor will complete Section G (gray portion)*
4. *The administrator/supervisor will mail the EMT WORK EXPERIENCE VERIFICATION form to Foothill College.*

IT MUST BE MAILED BY THE EMPLOYER

Applicant's Name _____ Social Security # _____

Signature _____ Date _____

Section G

Dear Supervisor/Administrator,

The individual named above has applied to the Foothill College Paramedic Program. Please complete the gray portion of this form (2 pages) to verify the above individual's work experience. The applicant's signature permits release of this information. Please return this form to: Foothill College Paramedic Program, 1070 Innovation Way, Sunnyvale, CA 94089, Attn: Charlie McKellar, Program Coordinator

Employer's Name	
Supervisor/Administrator's Name	
Address	
City, State, Zip Code	
Telephone Number	
E-mail Address	

Dates of employment (full-time)	From:	To:
Average number of hours worked per week:		
Dates of employment (part-time)	From:	To:
Average number of hours worked per week:		
The individual participates in patient care:	Yes	No
Applicant's performance was/is satisfactory:	Yes	No

EMT WORK EXPERIENCE VERIFICATION

Section G (continued)

Indicate the type of work experience by marking the appropriate box(es):

Type 1a Working as an EMT with a paramedic partner on a transporting ambulance responding to 911 calls	
Type 1b Working as an EMT with an EMT partner on a transporting ambulance responding to 911 calls only	
Type 2 a. Working as an EMT with a EMT partner on an ambulance performing interfacility transports and responding to occasional system 911 calls	
b. Working as an EMT on a critical care transport ambulance with a registered nurse or paramedic	
c. Working as an EMT with an EMT partner on an ambulance performing interfacility transports and NOT responding to occasional system 911 calls.	
Type 3 a. Working as an EMT responding to 911 calls while NOT on an ambulance e.g., working for a fire agency and responding to 911 calls in a rescue vehicle, engine, or truck	
b. Working as an EMT in the emergency room	
Type 4 – volunteer – Working as an EMT responding to 911 calls while NOT on an ambulance e.g. volunteering for a fire agency and responding to 911 calls in a rescue vehicle, engine, or truck	

Administrator/Supervisor's name (please print) _____ Title _____

Administrator/Supervisor signature _____ Date _____

WE WILL NOT ACCEPT ANY EMT WORK EXPERIENCE VERIFICATION FORMS MAILED BY THE STUDENT. IT MUST BE MAILED BY THE EMPLOYER.