

EMT WORK EXPERIENCE VERIFICATION

Must be submitted by application deadline

Section 1

1. The applicant will sign the EMT WORK EXPERIENCE VERIFICATION form (Section 1).
2. The applicant will submit the EMT WORK EXPERIENCE VERIFICATION form to current or previous supervisor or administrator.
3. The administrator/supervisor will complete Section 2.
4. The administrator/supervisor will **email** the completed EMT WORK EXPERIENCE VERIFICATION form to healthcareerprograms@fhda.edu. The subject line of the email must read **"EMT Work Experience"**.
5. The form **MUST** be submitted prior to the application deadline by the administrator/supervisor via email. No forms may be submitted by the student or by mail.
6. To obtain your Foothill College CampusWide ID (CWID), see step 2 of the Paramedic Program Application Instructions.

Applicant's Name _____ Foothill College CWID # _____

Signature _____ Date _____

Section 2

Dear Supervisor/Administrator,

1. **The individual named above has applied to the Foothill College Paramedic Program. Please complete both pages of this form to verify the above individual's work experience. The applicant's signature permits release of this information. Please return this form to healthcareerprograms@fhda.edu prior to May 1st. The subject line of the email must read "EMT Work Experience".**

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

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Section 2 (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 Working as an EMT on an ambulance e.g., performing interfacility transports with occasional 911 calls, interfacility transports or critical care transport.	
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	
Type 5 – Other Working as a military medic or as an EMT for search and rescue, ski patrol, other: _____	

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

Administrator/Supervisor signature _____ Date _____

This form MUST be submitted by the administrator/supervisor to healthcareerprograms@fhda.edu prior to the May 1st application deadline. The subject line of the email must read "EMT Work Experience". No forms may be submitted by the student or by mail.