

Dear Prospective Student:

NHTI continues to focus on pre-hospital BLS preparation prior to attending the Paramedic Program.

In order to quantify your experiences you have two choices. Please read your options carefully and feel free to contact us at (603) 271-7159 if you have questions.

OPTION 1: Please have your EMS officer complete the enclosed letter and return it to us. (Nancy Brubaker, Paramedic Department, NHTI, 31 College Drive, Concord, NH 03301-7412)

OR

OPTION 2: You must complete 100 calls (that have patient contact). Of the 100 calls you must complete 25 of the attached forms attesting to your serving as the Team Leader. For each team leader role also complete the Run Report Form. (Please return to us at the above address.)

All of the above are designed to verify that you have had sufficient BLS experience and have served as the Team Leader prior to the start of your program. Thank you for the time and attention needed to complete this important record of your experience.

Sincerely,

Nancy Brubaker N.R.EMT-P,RN,CEN,MEd.
Program Director/Professor
Paramedic Education

NB/sak

PARAMEDIC DEPARTMENT
(603) 271-7159

FIELD EXPERIENCE VERIFICATION

OPTION 1

NAME: _____ DOB: _____

I confirm that the above named candidate has been employed for _____ (length of time) at _____.

During employment the above named candidate has completed at least 100 BLS/ALS field calls.
(initials) _____.

During employment the above named candidate has served as the Team Leader on at least 25 calls.
(initials) _____.

Please indicate any other factors that should be considered in this candidate's situation.

Name: _____

Date: _____

Organization: _____

Address: _____

Phone No: _____

Signature: _____

FIELD EXPERIENCE VERIFICATION

OPTION 2

NAME: _____

DATE: _____

I verify that this Call Log is accurate. The student named has achieved 100 calls and has served in the Team Leader role. Verification by service officer or supervisor.

Name: _____

Date: _____

Title: _____

Organization: _____

Address: _____

Phone No: _____

Signature: _____

OPTION 2

PARAMEDIC DEPARTMENT – N.H.T.I.

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PRE-ADMISSION CALL LOG / TEAM LEADER VERIFICATION

NAME: _____ **DATE:** _____ **SERVICE:** _____

	DATE	PATIENT'S CHIEF COMPLAINT	TEAM LEADER	ASSIST	DATE	PATIENT'S CHIEF COMPLAINT	TEAM LEADER	ASSIST
1				26				
2				27				
3				28				
4				29				
5				30				
6				31				
7				32				
8				33				
9				34				
10				35				
11				36				
12				37				
13				38				
14				39				
15				40				
16				41				
17				42				
18				43				
19				44				
20				45				
21				46				
22				47				
23				48				
24				49				
25				50				

OPTION 2

PARAMEDIC DEPARTMENT – N.H.T.I.

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PRE-ADMISSION CALL LOG / TEAM LEADER VERIFICATION

NAME: _____ DATE: _____ SERVICE: _____

	DATE	PATIENT'S CHIEF COMPLAINT	TEAM LEADER	ASSIST	DATE	PATIENT'S CHIEF COMPLAINT	TEAM LEADER	ASSIST
51					78			
52					79			
53					80			
54					81			
55					82			
56					83			
57					84			
58					85			
59					86			
60					87			
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62					89			
63					90			
64					91			
65					92			
66					93			
67					94			
68					95			
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72					99			
73					100			
74					101			
75					102			
76					103			
77					104			