



Field Experience Verification for the Paramedic Emergency Medicine Program

Applicant's name: _____

DOB: _____

I, _____, confirm that the above-named applicant has completed at least 100 ambulance-based patient contacts.

I, _____, confirm that the above-named applicant has served as the team lead (primary caregiver) on at least 25 calls.

I, _____, confirm that the above-named applicant has been employed by my organization for _____ (length of time).

Please indicate any other factors that should be considered in this candidate's application to the NHTI Paramedic Emergency Medicine Program. These comments do not replace the letter of recommendation from an EMS supervisor.

Name: _____

Date: _____

Organization: _____

Title: _____

Address: _____

Phone Number: _____ Email: _____

Signature: _____