



Dear Prospective Student,

The Paramedic Emergency Medicine Program at NHTI – Concord's Community College has some specific requirements for admission:

1. Be at least 18 years old and hold a valid driver's license
2. High school level (or higher) courses in lab-based Biology and Chemistry completed with grades of "C" or higher OR college-level Anatomy & Physiology I and II with grades of "C" or higher.
3. High school level (or higher) Algebra I – completed with a grade of at least "C"
4. Current National Registry or State EMT/AEMT certification
5. Current CPR certification
6. Letter of recommendation from EMS supervisor
7. Documentation of experience as an ambulance-based EMT/AEMT to include at least 100 patient contacts and 25 team-leads (attached or available online)
8. Interview with the Department Chair of Paramedic Emergency Medicine

Please Note: Students who wish to enter the Paramedic Emergency Medicine program and are currently enrolled in another NHTI program must complete and submit the Change of Program form (available online or in the Admissions Office).

Thank you for the time and attention needed to complete this important record of your experience. Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Keith Wilding". The signature is stylized and includes a long horizontal line extending to the right.

Keith Wilding, MAT, NRP  
Department Chair/Lead Instructor  
Paramedic Emergency Medicine  
(603) 271-6484 x4213  
kwilding@ccsnh.edu





**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.

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_