

**CENTER FOR EMS
PARAMEDIC FIELD INSTRUCTOR APPLICATION**

Please print legibly or type the following information:

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Pager: _____

Cell Phone: _____ Email address: _____

Primary EMS Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Date Employed: _____ Full-time or part-time: _____

Other EMS Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Date Employed: _____ Full-time or part-time: _____

Paramedic Certification(s):

Please list all EMT-P Certifications held now or previously.

| Certification | Certification # | Expiration |
|----------------------|------------------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Date of first certification/license as paramedic: _____

Paramedic Training Program Attended: _____

City: _____ State: _____

Dates: From: _____ to: _____

Approximate Hours: Didactic: _____ Clinical: _____

Field Internship: _____

Other Certifications Held:

| EXP DATE | Provider | Instructor | Trainer |
|-----------------|-----------------|-------------------|----------------|
| BLS | _____ | _____ | _____ |
| ACLS | _____ | _____ | _____ |
| BTLS | _____ | _____ | _____ |
| PHTLS | _____ | _____ | _____ |
| PALS | _____ | _____ | _____ |
| PEPP | _____ | _____ | _____ |
| OTHER | _____ | _____ | _____ |

Please indicate other education and/or professional experience(s) which have provided you with the background that would be helpful to you as a Paramedic Field Instructor or attach a copy of your resume.

Have you ever had your paramedic license suspended or revoked? No Yes
If yes, please explain.

Have you ever had your medical authorization to function as a paramedic removed or have you ever been put on probation? No Yes
If yes, please explain.

Signature: _____ Date: _____

Service Endorsement Section:

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Applicants Name: _____

Years of paramedic Experience: _____

Is Applicant in Good Standing with your Agency: Yes: _____ No: _____

Do you believe the Applicant has personal integrity: Yes: _____ No: _____

Will you use the Applicant in your service as a mentor and preceptor?
Yes: _____ No: _____

Please include an additional information that you feel is important to consider about the Applicant:

Agency Chief Signature: _____ Date: _____