

LIMITED ACCESS HEALTH PROGRAMS

CURRENT EMT EMPLOYMENT VERIFICATION
CC-PARA

IMPORTANT

Preference for admission to the Certificate in Paramedic program will be given to those currently employed as EMTs in a fire department in Pasco or Hernando County and/or those who are residents of Pasco or Hernando County. PHSC would like to know if applicant is currently _____ an EMT or _____ not employed as an EMT.

APPLICANT INFORMATION

STUDENT NAME: _____

STUDENT ID NUMBER: _____

EMPLOYER INFORMATION

To verify such employment, the applicant needs to have the following information completed and submitted with the Limited Access Health Program application.

EMPLOYER: _____
AGENCY/COMPANY

EMPLOYER ADDRESS: _____
ADDRESS

CITY STATE ZIP CODE

EMPLOYER'S STATEMENT/VERIFICATION

I certify that _____ is currently employed as a **licensed**
EMPLOYEE NAME

Emergency Medical Technician which is located in _____ County.

LENGTH OF APPLICANT EMPLOYMENT: _____ **YEARS:** _____ **MONTHS:** _____

DATE APPLICANT EMPLOYMENT BEGAN/ENDED: _____

SUPERVISOR SIGNATURE & DATE: _____

SUPERVISOR TITLE: _____

SUPERVISOR NAME: _____

SUPERVISOR PHONE NUMBER: _____

SUPERVISOR EMAIL ADDRESS: _____