



Paramedic Medicine Program Experience Form

APPLICATION INFORMATION

Applicant Name:

Program Track: ☐ Regular ☐ Academy

NSHE ID:

Program Semester:

Year:

PAID 911 EMS EXPERIENCE

How many *months* have you worked as a **paid**, full-time, **911 EMS** provider?

How many *months* have you worked as a **paid**, part-time, **911 EMS** provider?

Agency:

Your Position:

Contact Person:

Phone:

Agency:

Your Position:

Contact Person:

Phone:

OTHER PRE-HOSPITAL EXPERIENCE

How many *months* have you spent as a **pre-hospital EMS** provider (*not included above*)?
(non-911 ambulance service, volunteer EMS agency, casino EMT, etc.)

Agency:

Your Position:

Contact Person:

Phone:

OTHER MEDICAL EXPERIENCE

How many *months* have you spent as any **other type of healthcare** provider?
(non-EMS = ER tech, scribe, medical assistant, etc.)

Agency:

Your Position:

Contact Person:

Phone:

With my signature below, I attest that the above information is accurate and complete to the best of my knowledge. I also understand that falsification of any part of the paramedic medicine program application will result in denial/removal from the paramedic medicine program and/or the College of Southern Nevada.

Printed Name

Signature

Date