

F25-S26 Northwest Community Healthcare Paramedic Program Supplemental Information Form

STUDENT INFORMATION (PRINT legibly)

Name:	Phone #:
Address: Apt:	Date of Birth:
City:	Social Security #:
State: Postal Code:	e-mail address
Current Employer:	
Address:	Phone:
Current occupation:	

EMT / AEMT/I INFORMATION

Note: Copy of current EMT/AEMT/I license, CPR card, and DL must be included with the application

EMT/AEMT Education site:	Date completed:
Illinois EMT/AEMT/I license #:	Expiration date:
Current EMS System affiliation: <input type="checkbox"/> NWC EMSS <input type="checkbox"/> None <input type="checkbox"/> Other (list) _____	
Date of hire as an EMT/AEMT/I: From: _____ To: _____	
Assigned to a NWC EMSS vehicle? <input type="checkbox"/> YES <input type="checkbox"/> No	

Licensing Action and Felony Conviction Statement

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care license in any state or to an agency authorizing the legal right to work?	<i>If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted (or entered a plea of guilty or nolo-contendere) by a court of competent jurisdiction of a Class X, Class 1, or Class 2 felony offense in this State or an out-of-state equivalent?	

NOT EMPLOYED by a NWC EMSS Agency Field internship match request/preference

EMPLOYEE Confirmation NWC EMSS Agencies

I have no preference and will accept any agency.
 I request a match with the agency below if possible:

 Why?

I affirm that I do not have any relative employed by that agency or a known conflict of interest w/ any member.
 Check here if the Agency is aware of your request

Applicant signature _____ Date _____
 Agency assignments will be made based on NWC EMSS preceptor openings and agency acceptance and cannot be guaranteed.

Agreement I hereby affirm that the applicant is currently employed by us as an EMT or AEMT and is in good standing with this EMS agency. **We agree to participate in the education of the applicant and provide opportunity for a supervised field experience** under the direct supervision of an approved preceptor. I understand that false statements may be considered sufficient cause for removal of the applicant from the program.

Administrative representative (Chief or PEMSC) for the Provider agency:

Print name _____
 Signature of Chief or PEMSC _____
 Agency: _____ Date: _____