

F24-S25 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:	

<p align="center">EMT / AEMT/I INFORMATION</p> <p>Note: Copy of current EMT/AEMT/I license, CPR card, and DL must be included with the application</p>	
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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 <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>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?</p> <p>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?</p>	<p><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></p>
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NOT EMPLOYED by a NWC EMSS Agency
Field internship match request/preference

☐ 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.

EMPLOYEE Confirmation NWC EMSS Agencies

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: _____