

**Greenfield Community College  
Paramedic Certificate Program (PMC)  
Experience Verification Form**

*(This section to be completed by Applicant. Please print.)*

Applicant \_\_\_\_\_ EMT# \_\_\_\_\_

SS# \_\_\_\_\_ EMT Level: Basic Intermediate

Currently certified in state(s) of \_\_\_\_\_ Month/year certified \_\_\_\_\_

Ambulance Service \_\_\_\_\_

Service Director or Manager \_\_\_\_\_ phone: \_\_\_\_\_

*(This section to be completed by Service Director or authorized Supervisor)*

The GCC Paramedic Certificate Program requires that all applicants be certified EMTS for at least 6 months at the time of application submission. The Program **also** requires that the Applicant have a minimum of 75 patient care contacts prior to Program start. Please be as accurate as possible when completing the following survey. (Applicants are permitted to submit verification forms from additional services, as needed)

Description of Service (circle all that apply)

First Responder	Volunteer/Paid Call	Fire	Private
Basic Level	Intermediate Level	Paramedic Level	
Emergency Only	Non-emergency only	Combination	
Transporting Ambulance	Non-transporting service		

For how long has the applicant worked on your service **as an EMT**? \_\_\_\_\_

This is a \_\_\_\_\_ full-time \_\_\_\_\_ part-time \_\_\_\_\_ volunteer/paid call position

During his/her period of service, has the applicant had 75 or more patient contacts on which he/she provided **any** of the following care?:

Assessment	vital signs	immobilization	oxygen therapy
Extrication	CPR	patient lifts/loads	semi-auto defib
Patient history	report	transportation (patient care compartment)	

\_\_\_\_\_ **YES** 75 or more patient contacts                      \_\_\_\_\_ **NO** less than 75 contacts

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

