



## FIELD EXPERIENCE AGREEMENT

**Complete this side if you will be riding with a department where you are an employee/member**

**Employer Agreement:**

I hereby affirm and declare that the applicant is currently employed as an EMT-B and is in good standing with this department. I agree to participate in the training of the applicant, provide opportunity for supervised field experience, assure completion of blood borne pathogen training, and provide opportunity for Hepatitis B immunization. I understand that false statements may be considered sufficient cause for removal of the applicant from the training course.

\_\_\_\_\_  
Signature of Employer Title

\_\_\_\_\_  
Agency Date

**Complete this side if you will be riding with a department where you are NOT an employee/member**

**Non-Employer Agreement:**

I hereby confirm the applicant is not employed by this agency/department. However, I agree to provide opportunity for supervised field experience to the applicant during his/her paramedic training and assure completion of blood borne pathogen training. This agreement in no way constitutes an employer/employee relationship.

\_\_\_\_\_  
Signature of Agency Representative Title

\_\_\_\_\_  
Agency Date

## OUT-OF-SYSTEM COURSE AGREEMENT

**Note: This section must be completed ONLY for students attending an out-of-system program**

**To be completed by student:**

Primary System: \_\_\_\_\_

Reason for not attending primary system course: \_\_\_\_\_

**To be completed by Primary Hospital EMS System Coordinator:**

I hereby confirm that \_\_\_\_\_ is a member of \_\_\_\_\_  
(Name of applicant) (Name of Ambulance Agency/ Fire Dept)

and is a participant in the \_\_\_\_\_ EMS System. I am aware that \_\_\_\_\_  
(Name of applicant)

is applying for acceptance into the St. Joseph Hospital (#600685) Paramedic Training Program. I approve of this application and agree to permit this student to obtain his/her field internship requirements riding in this system, thus meeting the requirements set forth by the St. Joseph Hospital (#600685) Paramedic Training Program.

\_\_\_\_\_  
Signature of EMS System Coordinator

\_\_\_\_\_  
Date

## APPLICANT AGREEMENT

Have you ever applied for a paramedic training course before?  Yes  No

If yes, Site: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for not attending?

Have you ever attended a paramedic training course before?  Yes  No

If yes, Site: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for not completing program?

*I hereby affirm and declare that the foregoing statements are true and correct. I understand false information or statements may be considered as sufficient cause for removal from the Paramedic Training Course.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_