

**Volunteer State Community College  
Health Science Center of Emphasis  
Application to the Paramedic Critical Care Program**

**Application Deadline: January 8<sup>th</sup>, 2019**

NAME: \_\_\_\_\_

Last                      First                      MI                      Birth Date                      Age

HOME ADDRESS: \_\_\_\_\_

Street or P.O. Box                      City                      State                      Zip Code

E-MAIL ADDRESS: \_\_\_\_\_

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_ CELL TELEPHONE: (\_\_\_\_) \_\_\_\_\_

TN Paramedic Certification Number: \_\_\_\_\_ Paramedic Certification Expiration Date: \_\_\_\_\_

Years of Experience as Paramedic: \_\_\_\_\_

National Paramedic Registry Number (if applicable): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

<u>COLLEGE OR EDUCATIONAL PROGRAMS ATTENDED</u>	<u>DATES</u>	<u>MAJOR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT WORK EXPERIENCE: Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Shift: \_\_\_\_\_

CURRENT CERTIFICATIONS:

<u>NAME</u>	<u>TYPE OF COURSE</u>	<u>EXP. DATE</u>
ACLS	_____	_____
BLS Healthcare Provider	_____	_____
Advanced Pediatric Course	_____	_____
Advanced Trauma Course	_____	_____

I hereby attest that the information above is true and accurate to the best of my knowledge.  
I have attached copies of my current certification cards.

I hereby authorize and direct any employers, educators, and associates to release any information requested by Volunteer State Community College for the purposes of my entrance into the Paramedic Critical Care class or my certification. I also understand that my employer must verify in writing that I have had 2 years of advanced level paramedic experience.

I understand it is my responsibility to maintain this information current with both the the Center of Emphasis throughout Critical Care Paramedic Course.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN OR FAX TO :                      Volunteer State Community College  
Health Science Center of Emphasis  
ATTN: Shannon Hernandez  
1480 Nashville Pike  
Gallatin, TN 37066  
Office: (615) 230-3338  
Fax: (615) 230-3372