

Central New Mexico Community College
Coordinated Program Entry Office
Documentation of Experience Form: EMT- Community Paramedic Program
2016

Dear supervisor or organization official:

The following individual: _____ is attempting to register for the EMT-Community Paramedic Program at Central New Mexico Community College. Interested students are required to submit verification of 3-5 years of volunteer or work related to the EMT field. **The supervisor or organization official must submit the form – not the student.** When complete, this form may be submitted in any of the following ways: 1) scanned and emailed as a PDF document to cpe@cnm.edu , 2) or faxed to 505-224-4120.

Forms must be received by 5 p.m. on deadline that is posted on the Coordinated Program Website (www.cnm.edu/CPE) and must include your signature. It is the student's responsibility to provide you with this form and enough time to complete it prior to the deadline for the program.

Please provide information below to document the student's experience with your organization. Note that this form does not constitute a *reference* for the student; rather, it is meant to document relevant experience the student has gained related to the education field.

If you have questions, please contact the Coordinated Program Entry Office at 505-224-4111, or visit our website at: www.cnm.edu/CPE Thank you for your time.

Sincerely,

Coordinated Program Entry Office, Central New Mexico Community College

SEE NEXT PAGE

Updated 7/16/2015

Central New Mexico Community College
Coordinated Program Entry Office
Documentation of Experience Form: EMT- Community Paramedic Program
2016

To be filled out by a supervisor or organization official- This form must be submitted by the deadline posted on the Coordinated Program Entry website (www.cnm.edu/CPE)

- 1.) Name of CNM student: _____
- 2.) Your name: _____
- 3.) Your title: _____
- 4.) Your organization/employer: _____
- 5.) Your phone number: _____
- 6.) Your email: _____
- 7.) Student's job title/role: _____
 - a. Does this role involve direct patient care: CIRCLE ONE: YES / NO
- 8.) The student worked/volunteered from _____ (date) to _____ (date) with the organization.
 - a. CIRCLE ONE: Paid Volunteer
- 9.) The student worked/volunteered _____ hours per week during this time period.
 - a. CIRCLE ONE: Paid Volunteer
- 10.) With this organization, did/does this student provide direct patient care in the pre-hospital setting?
 - a. CIRCLE ONE: YES / NO
- 11.) With this organization, did/does the student provide direct patient care in the hospital setting?
 - a. CIRCLE ONE: YES / NO
- 12.) Does this applicant have more than one job/role with your organization? CIRCLE ONE: YES/ NO
If yes, please describe: _____
- 13.) Your signature: _____

Thank you for your assistance!

Updated 7/16/2015