

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

Dear supervisor or organization official:

The following individual: _____ is attempting to receive priority registration for the EMT-Paramedic Program at Central New Mexico Community College. Students can receive an earlier registration date for having relevant experience (volunteer or work) related to the EMT field, provided their supervisor or organization official submit this form to document that they completed the experience. **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 applicant; rather, it is meant to document relevant experience the applicant 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

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Updated 7/16/2015

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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 individual applying to CNM program: _____
- 2.) Your name: _____
- 3.) Your title: _____
- 4.) Your organization/employer: _____
- 5.) Your phone number: _____
- 6.) Your email: _____
- 7.) Applicant's job title/role: _____
 - a. Does this role involve direct patient care: CIRCLE ONE: YES / NO
- 8.) The applicant worked/volunteered from _____ (date) to _____ (date) with the organization.
 - a. CIRCLE ONE: Paid Volunteer
- 9.) The applicant worked/volunteered _____ hours per week during this time period.
 - a. CIRCLE ONE: Paid Volunteer
- 10.) With this organization, did/does this applicant provide direct patient care in the pre-hospital setting?
 - a. CIRCLE ONE: YES / NO
- 11.) With this organization, did/does the applicant 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!