



EMERGENCY MEDICAL TECHNOLOGY OBSERVATIONAL RIDE-A-LONG

Applicant instructions: Submit this completed form by email to HealthSciencesAdmissions@tridenttech.edu upon completion of your observation or attach it to your [online Statement of Completion form](#) upon completion of all other prerequisites.

TTC Student ID Number: _____

Name (Please Print): _____ Date: _____

EMS Service: _____

Medic Number: _____

Crew Chief (Please Print): _____

I, above named potential EMT student, completed a twelve-hour EMS observation ride-along shift on the above date.

Student Signature: _____

Crew Chief Signature: _____

I am currently/was previously employed in an emergency services profession; i.e. EMS, Fire Department, Law Enforcement.

EMS Service/Fire/LE Department: _____

Student Signature: _____