

EMERGENCY MEDICAL TECHNOLOGY OBSERVATION WORK SHEET

Applicant instructions: Return this completed form to the Admissions Office, Building 410,
Main Campus.

Name: _____ Date: _____

EMS Service: _____

Medic Number: _____

Crew Chief: _____

I completed a twelve-hour EMS ride-along observation shift on the above date.

Student Signature: _____

Crew chief Signature: _____

I am currently employed as an EMT in a 911 service.

EMS Service: _____

Student Signature: _____