

**ADVANCED LIFE SUPPORT INSTITUTE
INTERMEDIATE PROGRAM
APPLICATION**

Applicant's Name _____

Mailing Address _____

Phone # (H) _____ **(W)** _____

Pager# _____ **e-mail** _____

I. BIOGRAPHICAL INFORMATION

Date of Birth ____/____/____

Social Security Number _____

Have you ever been convicted of a Felony? Y__ N__

If yes, please explain:

Have you previously attended any ALSI courses? If so, which ones and when?

How do you hear about us? _____

Have you ever taken an EMT-Intermediate course before?

II. EDUCATION

(Please attach or send for official copies of High School and College transcripts)

High School Attended

Dates

College/University Attended Dates Major/Degree/Years

III. PROFESSIONAL/WORK EXPERIENCE

Please list your last three jobs beginning with the position your presently hold.

1. Employer _____

Position held: _____ Dates of employment: _____

Supervisor: _____ Phone: _____

2. Employer _____

Position held: _____ Dates of employment: _____

Supervisor: _____ Phone: _____

3. Employer: _____

Position held: _____ Dates of employment: _____

Supervisor: _____ Phone: _____

IV. EMS EDUCATION (Please include copies of current certifications held)

EMT-Basic Certification

Year: _____ State: _____ Instructor: _____

Sponsoring Institution: _____

Please list some of the Continuing Education courses you have attended: _____

V. EMS / AMBULANCE / RESCUE EXPERIENCE

1. Service / Employer _____

What kind of service did you provide? (transport vs. 911 calls) _____

Please estimate the number of calls you have been directly involved in: _____

Number of hours per week: _____ Supervisor: _____
Phone _____

2. Service / Employer _____

What kind of service did you provide? (transport vs. 911 calls) _____

Please estimate the number of calls you have been directly involved in: _____

Number of hours per week: _____ Supervisor: _____
Phone _____

What professional organizations do you belong to?

Is there anything else that you would like to tell us about yourself?

VI. REFERENCES: a) Medical Director; b) EMS Supervisor; c) Peer in the EMS field. Please list the people who will be submitting reference forms on your behalf and send the attached form to them.

A. _____

B. _____

C. _____

Which EMT-I Class are you applying for? (Please state class start date)

Tell us why you are seeking this level of EMS Certification:

ALSI Application Check List

Have you included?

- a completed application form
- a \$50 deposit (check or money order payable to ALSI). Deposit fully refunded if not accepted into the program.
- copy of your current EMT-Basic card and the front and back of your CPR card
- Proof of vaccinations: MMR, DPT and HepB, ppd

Have you sent out?

- Recommendation requests to your Medical Director, EMS Supervisor and EMS Colleague?

******PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW******

I certify that all the information provided on this application is true and correct. I understand that any misrepresentation or omission will be grounds for dismissal from the program.

Signature of Applicant

Date

I authorize ALSI to verify all information written on this application and fully release ALSI from any liability resulting from the verification process.

Signature of Applicant

Date

Please return the completed application and a \$50 deposit (check or money order payable to):

**The Advanced Life Support Institute
Post Office Box 2680
Conway, NH 03818**

Once accepted into the EMT-I Program, the balance of your tuition is due at least two weeks prior to the beginning of class.

THANK YOU FOR YOUR APPLICATION, YOU'LL BE HEARING FROM US SOON!

ALSI does not discriminate on the basis of race, age, sex, religion, creed, national origin or orientation.

ADVANCED LIFE SUPPORT INSTITUTE
INTERMEDIATE AND PARAMEDIC PROGRAMS

RECOMMENDATION FORM

III. RECOMMENDATION FORM FROM: EMS COLLEAGUE

APPLICANT'S NAME _____

I waive ____ do not waive ____ my right to read this letter of reference.

Students have a right to see references submitted unless the right to access is waived by the above statement. This letter will be kept confidential if there is no signature below.

Signature of Applicant

The individual named above is being considered for admission to the Advance Life Support Institute Intermediate or Paramedic Program. We realize that some students do well academically but have a difficult time putting theory into practice. Likewise, there are people who are good practitioners, but do not do well in an academic program. The ALS Institute Program seeks students who are able to integrate academics with practice. Please keep this in mind as you fill out the recommendation.

We are particularly interested in you opinion regarding the following:

1. Competency in Basic Life Support skills.
2. Professionalism/Ability to take constructive criticism and direction.
3. Ability to work as part of a team and take on a leadership role.
4. Ability to work under stressful conditions.

How long have you known the applicant? _____

****Please attach your comments on an additional sheet.****

ADVANCED LIFE SUPPORT INSTITUTE
INTERMEDIATE AND PARAMEDIC PROGRAMS

RECOMMENDATION FORM

II. RECOMMENDATION FORM FROM: EMS SUPERVISOR

APPLICANT'S NAME _____

I waive ____ do not waive ____ my right to read this letter of reference.

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ADVANCED LIFE SUPPORT INSTITUTE
INTERMEDIATE AND PARAMEDIC PROGRAMS

RECOMMENDATION FORM

I. RECOMMENDATION FORM FROM: MEDICAL DIRECTOR

APPLICANT'S NAME _____

I waive ____ do not waive ____ my right to read this letter of reference.

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Signature of Applicant

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