

**ADVANCED LIFE SUPPORT INSTITUTE  
PARAMEDIC PROGRAM  
APPLICATION**

**Applicant's Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone # (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_ **(C):** \_\_\_\_\_

**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?** \_\_\_\_\_

**What other programs are you applying to?**

\_\_\_\_\_

**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 you presently hold.**

1. Employer: \_\_\_\_\_

Current position: \_\_\_\_\_ 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: \_\_\_\_\_

Advanced Certifications:

1. Certification: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_

Instructor: \_\_\_\_\_ Sponsoring Institution: \_\_\_\_\_

2. 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: \_\_\_\_\_

May we contact your EMS Supervisor? Circle one: Yes No

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.**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

**VII. ESSAY (Please attach a separate sheet of paper and respond in essay format)**

1. What do you see as the future of Emergency Medical Services? What do you see as your future in it?

**Are you applying for the:**

**\_\_\_ Two Days every other Weekend (call for availability):**

**Location:** \_\_\_\_\_

**\_\_\_ Modular Program (beginning each January, Conway, NH):**

**ALSI Application Check List**

**Have you included?**

- A completed application form
- A \$25 application fee payable to ALSI
- A typewritten essay (approximately one-page in length)
- Copy of your current certifications, including the front and back of CPR card
- *Official* copies of transcripts from High School or College
- Proof of vaccinations: MMR, DPT, HepB, and PPD (within past year)
- Letter from Chief regarding documentation of necessary calls (50 if I, 100 if B)

**Have you sent out?**

- Recommendation forms to your Medical Director, EMS Supervisor and EMS Colleague?
- Requests for transcripts

**\*\*\*\*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 misrepresentiaon 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 \$25 processing fee (check or money order payable to):**

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

**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

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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 \_\_\_\_\_

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\_\_\_\_\_  
Signature of Applicant

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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

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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How long have you known the applicant? \_\_\_\_\_

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