



2022 STUDENT APPLICANT (REQUIRED INFORMATION)			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Social Security Number:		Circle Shirt Size:	
		<p style="text-align: center;"> Small Medium Large X Large 2XL 3XL Other _____ </p>	

REFERENCES REQUIRED	
<i>Please list two professional references.</i>	
Full Name	Relationship
Company	Phone ()
E-mail Address	
Full Name	Relationship
Company	Phone ()
E-mail Address	

PROFESSIONAL LICENSE and CERTIFICATIONS (Copy must be attached)

Type	State Issued	Date Issued	Expiration
Paramedic:			
ACLS:			
PALS:			
PHTLS /ATLS/BTLS			

CURRENT EMS EMPLOYMENT		
Company & Job Title		Phone ()
Address		Supervisor
Responsibilities		
From	To	Reason for leaving if not current employee

Deadline to submit all application materials = July 15, 2022. If requesting a COVID-19 Exemption, it must be submitted for review by July 1, 2022. Interviews for selection will be conducted the week of July 18th-22nd, if necessary.

Please send all application materials to:

Cookeville Regional Medical Center
 Julie Bernhardt, MSN, RN
 Clinical Nurse Educator
 1 Medical Center Blvd
 Cookeville, TN 38501 931-783-5719
 E-mail completed packet to: jmbernhardt@crmchealth.org

FINAL CHECKLIST

Must include copies of the following documentation with your application:

- **Drug Screen** – Negative nine-panel drug screen completed no greater than 3 months before application deadline of July 15, 2022.
- **Immunizations** – **MMR** – 2 vaccines or positive titer
Hepatitis B – 2 vaccines or declination form
Varicella – 2 vaccines or positive titer
Negative TB skin test completed within the last 12 months
Influenza vaccine proof (submit after received in Sept/Oct. 2022)
Covid-19--Full vaccine proof (1 or 2 doses depending on manufacturer) or exemption request submitted by the following deadline: **July 1st, 2022** Declination is not acceptable.
- **Current unencumbered license as paramedic in the state of Tennessee**
- **Verification from your director of minimum of two years' experience as paramedic in good standing**
- **Current Certification in ACLS, PALS and advanced trauma course**
- **Professional liability insurance - \$1,000,000 each incident or occurrence/\$3,000,000 in the aggregate**

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 I understand that false or misleading information in my application or interview may result in my dismissal from course.

Signature

Date

