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| --- |
| 2024 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-(Men’s/Unisex size):**  **Small Medium Large** **X Large 2XL 3XL Other\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_** |

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| --- |
| References Required |
| Please list two **professional** references. |
| 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** |  |  |  |

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| --- |
| Current EMS Employment |
| Company &Job Title |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Responsibilities |  |
| From |  | To |  | Reason for leaving if not current employee |  |

Final Deadline to submit **All Completed** application materials = **July 19, 2024.** If declining the COVID-19 vaccine, please contact Julie Bernhardt for form. Interviews for selection will be conducted the week of **July 22nd-26th**, **2024** if necessary.

**Please send all application materials to:**

Cookeville Regional Medical Center

Julie Bernhardt, MSN, RN, NPD-BC

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 19, 2024.
* **Immunizations** – **MMR** – 2 vaccines or positive titer

 **Hepatitis B** – 2 vaccines or declination form (available upon request)

 **Varicella –** 2 vaccines or positive titer

 **Negative TB skin test** completed within the last 12 months

 **Influenza--**Vaccine proof (submit after received in 2024)

 **COVID-19**—Vaccine proof or declination form (available upon request)

* **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.*

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| --- |
| 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 |  |