|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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** |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**](mailto: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.*

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |