



## Paramedic Work Experience Verification

\_\_\_\_\_, has worked as a Paramedic (EMT-P) at  
Student name

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
Institution start date end date

with \_\_\_\_\_ hours (average) worked weekly.

\_\_\_\_\_  
Supervisor Name/Title Supervisor Signature

\_\_\_\_\_  
Address City State ZIP

\_\_\_\_\_  
Phone Numbers Date



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