

EMPLID: _____

AINFO

DATE: _____



PARAMEDIC INTERVIEW AFFIDAVIT

I acknowledge that to be considered for acceptance into the Paramedic program I will be contacted by the EMS Program Director and attend an oral interview by program staff and Advisory Committee members.

Student Signature _____ **Date** _____

If enrolled as a High School Student or if you are under 18 years old, the following is required.

Parent/Guardian Signature _____

Parent/Guardian Phone Numbers:

Home or Cell _____ **Work** _____