

EMPLID: \_\_\_\_\_

AINTV

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** \_\_\_\_\_