Fill out one form for all paid program staff—either full or part-time.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Last Name | | | | First Name | | | | | MI | |
|  |  | | |  |  | | | |  |  |  |
| Mailing Address | Number, Street, Apt. | | City | | | | | State | | Zip +4 | |
|  |  |  |  | | | |  |  |  | + | |
|  | | | | | | | | | | | |
| E-mail Address |  | | | | |  | | | | | |

Position title:

**Educational Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Location | Dates | Degree | Major |
| School 1 |  |  |  |  |
| School 2 |  |  |  |  |
| School 3 |  |  |  |  |
| School 4 |  |  |  |  |

**Post-graduate Training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Location | Dates | Degree | Major |
| School 1 |  |  |  |  |
| School 2 |  |  |  |  |
| School 3 |  |  |  |  |
| School 4 |  |  |  |  |

**Work Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Location | Dates | Degree | Major |
| Position 1 |  |  |  |  |
| Position 2 |  |  |  |  |
| Position 3 |  |  |  |  |
| Position 4 |  |  |  |  |

Name:

Board Certification Specialty:       Date:

1. How long have you been serving in the present position with the program?
2. Have you been a paramedic? Yes No

If yes, how long?

1. Are you currently certified as a paramedic? Yes No

**Check all that apply:**

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been certified as: |  |  |  |
| Advanced Cardiac Life Support Provider | Yes No | Currently Certified? | Yes No |
| Advanced Cardiac Life Support Instructor | Yes No | Currently Certified? | Yes No |
| Advanced Trauma Life Support Provider | Yes No | Currently Certified? | Yes No |
| Advanced Trauma Life Support Instructor | Yes No | Currently Certified? | Yes No |
| Pediatric Advanced Life Support Provider | Yes No | Currently Certified? | Yes No |
| Pediatric Advanced Life Support Instructor | Yes No | Currently Certified? | Yes No |
| Basic Trauma Life Support Provider | Yes No | Currently Certified? | Yes No |
| Basic Trauma Life Support Instructor | Yes No | Currently Certified? | Yes No |
| Pre-Hospital Trauma Life Support Provider | Yes No | Currently Certified? | Yes No |
| Pre-Hospital Trauma Life Support Instructor | Yes No | Currently Certified? | Yes No |
| **Do you:** |  |  |  |
| **Duties: (check all that apply and percent of time in that duty)** | |  |  |
| Average number of hours per week while class in session |  | Hours |  |
| Didactic Lecture | Yes No | % Percent time |  |
| Laboratory Instructor | Yes No | % Percent time |  |
| Hospital Preceptor | Yes No | % Percent time |  |
| Field Preceptor | Yes No | % Percent time |  |

If the answers to any of these seven questions about responsibilities is NO, add a pages(s) of narrative defining who is responsible and how that responsibility is attained.

|  |
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Signature Date