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