



Advanced Care Paramedic Program

### **Employer/Student Practicum Verification Form**

Preference for entry into the Advanced Care Paramedic program will be given to applicants who are able to provide an ambulance practicum placement confirmation from their employer.

Name of applicant: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

I **do** have practicum placement confirmation from my employer.

This section is to be completed by your supervisor/manager. Please provide all information including signatures and submit the completed form with your application.

\_\_\_\_\_ (service name) agrees to provide the aforementioned employee with both intermediate (336 hrs) and advanced ambulance (576 hrs) practicum placement time.

Supervisor phone number: \_\_\_\_\_

Supervisor email: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Applicants who do not have practicum placement confirmation from their employer may still be considered for the flexible pathway dependent upon seat availability.

I **do not** have employer practicum placement confirmation from my employer.