



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.