Paramedic to Associate Degree Nursing Bridge
Verification of Work Experience

Admission to the Bridge Program requires work experience that includes one calendar year or the equivalent of current, full-time experience as a Paramedic.

By my signature, I affirm that I have at least one-year of current work experience in the role of a Paramedic.

Print Name: _____

Signature: _____ Date: _____

Employment Dates:

Start: _____ End: _____ ☐ still employed

Employment Facility (select all that apply)

☐ EMS Agency ☐ Hospital ☐ Fire Department ☐ Other

_____ _____
Supervisor or Employer Signature Date

_____
Printed Name and Title

_____ _____
Print Name of Agency/Facility Contact Phone Number