

**Vanderbilt LifeFlight**  
**Application to the Paramedic Critical Care Program**

NAME: \_\_\_\_\_  
 Last First MI Birth Date Age

HOME ADDRESS: \_\_\_\_\_  
 Street or P.O. Box City State Zip Code

E-MAIL ADDRESS: \_\_\_\_\_

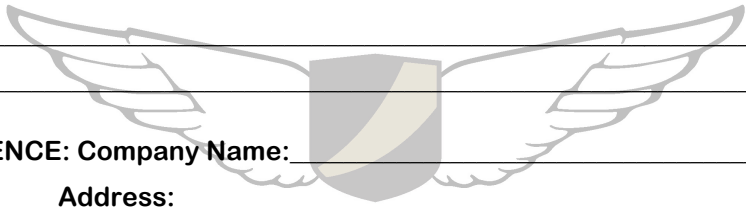
HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_ CELL TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
 AC Number AC Number

TN Paramedic Certification Number: \_\_\_\_\_ Paramedic Certification Expiration Date: \_\_\_\_\_

Years of Experience as Paramedic: \_\_\_\_\_

National Paramedic Registry Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

COLLEGE OR EDUCATIONAL PROGRAMS ATTENDED	DATES	MAJOR
_____	_____	_____
_____	_____	_____
_____	_____	_____



CURRENT WORK EXPERIENCE: Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Dates Employed: \_\_\_\_\_ Shift: \_\_\_\_\_

**CURRENT CERTIFICATIONS:**

NAME	TYPE OF COURSE	EXP. DATE
ACLS	_____	_____
BLS Healthcare Provider	_____	_____
Advanced Pediatric Course	_____	_____
Advanced Trauma Course	_____	_____

I hereby attest that the information above is true and accurate to the best of my knowledge.  
 I have attached copies of my current cards.

I hereby authorize and direct any employers, educators, and associates to release any information requested by Vanderbilt LifeFlight for the purposes of my entrance into the Paramedic Critical Care class or my certification.

I understand it is my responsibility to maintain this information current with Vanderbilt LifeFlight.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN BY EMAIL TO: [carol.e.reeves@vanderbilt.edu](mailto:carol.e.reeves@vanderbilt.edu)  
 Vanderbilt LifeFlight/Critical Care Paramedic Program