



**PARAMEDIC WORK EXPERIENCE VERIFICATION**  
CENTURY COLLEGE ASSOCIATE DEGREE NURSING PROGRAM  
(to be completed and signed by a supervisor)

\_\_\_\_\_ has worked as a Paramedic (EMT-P)  
(student name)

at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Institution)

with \_\_\_\_\_ hours (average) worked weekly.

\_\_\_\_\_  
(supervisor name and title) PLEASE PRINT (supervisor signature)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(phone number) (date)

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(student name)

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with \_\_\_\_\_ hours (average) worked weekly.

\_\_\_\_\_  
(supervisor name and title) PLEASE PRINT (supervisor signature)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(phone number) (date)

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