ARNOT OGDEN HEALTH
PARAMEDIC PROGRAM

APPLICATION FOR ADVANCED STANDING

For each area you wish to apply for advanced standing **PLEASE FILL OUT A SEPARATE APPLICATION FORM.**

Note: Submission of advanced standing paperwork does not guarantee that advanced standing will be granted.

Area in which you are applying for advanced standing:

_____

Name: _____ Today's Date: _____

EMT#: _____ # of years as EMT: _____ AEMT3: _____

Location/date of initial training & instructor: _____

_____

In the space below, please describe, in detail the experience/class you fell makes you eligible for advanced standing.
ATTACH DOCUMENTATION TO SUPPORT YOUR EXPERIENCE.

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This form must be received by the instructor coordinator no later than **9/8/2011** or it may not be considered for advanced standing.