

TCC EMS Program - Sponsor Form
EMS Provider or DSHS recognized First Responder Organization
Employee Verification Letter

Date: _____

Tarrant County College, NE Campus
EMS Program - NHSC 1118
828 W. Harwood Rd. Hurst,
TX 76054

Please accept this letter as verification of employment/volunteer service for

_____ with the _____
(Name of Student) (EMS Provider/FRO)

This application is for admittance into the Paramedic Program - TCC Northeast Campus.

The following information is submitted as requested:

Applicant's Legal Name: _____

Applicant's TCC ID Number: _____

Applicant's Date of Birth: _____

Student's Physical Address: _____

Street Address

City|State|Zip

Phone Number: _____

EMT Certification Expiration: _____

DSHS EMS # or FRO #: _____

Successful completion of the paramedic program will render Mr./Ms. _____

to remain eligible for a position with (the) _____
(EMS Provider/FRO)

(Supervisor/HR Signature)

(Supervisor/HR Printed Name & Title)