TCC EMS Program

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)

For Office Use Only

This form will be used towards(check all that apply): ☐ EMS Tuition Waiver ☐ Employment Verification for TSI