

EMS Provider or DSHS recognized First Responder Organization Letter:

Date: _____

Tarrant County College, NE Campus
EMS Paramedic 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 Applicant) (EMS Provider/FRO)

This application is for attendance to the Paramedic program at TCC NE Campus.

The following is submitted as requested:

Name of Applicant: _____

Date of Birth: _____

Address: Street: _____

City, State, Zip: _____

Phone: _____

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)

(Representative Signature)

(Printed Name & Title)