



Phone: 877-389-8040

www.impactems.com

Submit form to: support@impactems.com

Advanced EMT Program

Verification of EMS Agency Affiliation Form

An employee with your agency is interested in pursuing an Advanced EMT course with Impact EMS Training. At the start of enrollment students must have a minimum of one year as an NR-EMT or state-licensed EMT. Please fill out the information below verifying and endorsing your employee.

Section 1: Applicant Information

Applicant Name:

Date of Birth:

Email:

Phone Number:

Current EMT Certification:

Years of EMS Experience:

Section 2: Agency Information

Agency / Department Name:

Agency Address:

Agency Phone:

Website:

Section 3: Supervisor / Leadership Contact

Name:

Title/Rank:

Email:

Phone:

Section 4: Verification of Affiliation

- ☐ Currently affiliated with our organization
- ☐ In good standing with the agency
- ☐ Approved for AEMT field/clinical experience
- ☐ Professionalism appropriate for training

Supervisor Signature: