



Field Experience Certification

This document certifies participation in field experience to qualify this EMT for active member status within Emergency Medical Services of USC. This should be completed and signed by your supervisor on site.

Please check the appropriate box:

- ☐ **Work Experience** – This student has worked as an employee in an emergency medical service company. Performing:

Organization: _____

Position: _____

Duration of Work Experience: _____

- ☐ **Observation Experience** – This student observed EMTs during their work as emergency medical service providers.

Date: _____ Time: _____

Completed _____ patient contacts over _____ hour(s) observation
(attach run reports w/o personal information)

Indicate the type of services provided:

- ☐ Inter-facility Transport
☐ Emergency Response

- ☐ Event Standby
☐ Hospital / Clinic

EMT Name:

Company, Hospital, or Station Number:

Supervisor Name AND Contact Information:

Supervisor Signature: _____ **Date:** _____

EMT Signature: _____ **Date:** _____