

<< DEPARTMENT/UNIT LETTERHEAD >>

<< Date >>

NH DOS – FST & EMS
Bureau of EMS
EMS Licensing Coordinator
33 Hazen Drive
Concord, NH 03305

Dear EMS Licensing Coordinator;

Please consider this letter as confirmation that the following individual is now affiliated with the <<Name of Licensed Unit>> (License # _____) as an Apprentice Provider.

Name: _____ Date of Birth: _____

Street Address: _____

Mailing Address (If different): _____

Town / State / Zip Code: _____

This applicant has completed first aid training as required by this Unit for all Apprentice members.

This Unit uses << Name of Hospital >> in <<Name of town/city >>, NH as our Medical Resource Hospital and Dr. <<Name of Medical Director>> is the EMS Medical Director for the Unit.

As required by NH EMS Administrative rule Saf-C 5903.04, I have also enclosed with this letter the completed Apprentice License Application and a written statement signed by the applicant, parent or legal guardian and myself as the Head of Unit, or designee, confirming the following;

- a. This Unit accepts apprentice providers;
- b. The applicant meets the Unit's apprentice age requirements;
- c. The Head of Unit assumes responsibility for the supervision of the applicant;
- d. The applicant, as an apprentice, shall not be left with a patient without the presence of a provider licensed at a higher level; and
- e. The applicant, as an apprentice, shall not be permitted to use warning devices on his/her personal vehicle;

If there are any questions or concerns with this Apprentice application, please contact me at <<phone number with area code>> or via email at <<email address>>.

Sincerely,

<<Signature>>

<<Name/Title>>

<< DEPARTMENT/UNIT LETTERHEAD >>

Name: _____ Date of Birth: _____

Street Address: _____

Mailing Address (If different): _____

Town / State / Zip Code: _____

Signatory Form

By signing this statement, all parties to this Agreement understand that:

As required by NH EMS Administrative rule Saf-C 5903.04;

- a. This Unit accepts Apprentice Providers;
- b. The Applicant listed above meets the unit's apprentice age requirements;
- c. The Head of this Unit assumes responsibility for the supervision of the applicant;
- d. The Applicant, as an Apprentice, shall not be left with a patient without the presence of a Provider licensed at a higher level; and
- e. The Applicant, as an Apprentice, shall not be permitted to use warning devices on his/her personal vehicle;

Additionally, the following stipulations are the policy for Apprentice Members who affiliate with our EMS Service:

[Sample policies: The Unit assumes responsibility of the Apprentice Member; The applicant has permission to participate in the Apprentice Program from their parent/legal guardian and is covered on their health insurance]

Signature: _____ Date: _____
Apprentice Applicant

Signature: _____ Date: _____
Applicant's Parent or Legal Guardian

Signature: _____ Date: _____
<<Unit Head / Title>>