



# ADVANCED PARAMEDIC PROGRAM APPLICATION



As health care continues to evolve at a rapid pace, EMS systems must develop sophisticated and highly technical management approaches for critically ill and injured patients. These types of patients require highly qualified personnel with expertise in assessing and managing complex clinical situations.

Participants in the BREMS Advanced Practice Paramedic Program must possess the following minimum entry requirements:

- Current Paramedic certification for a minimum of 3 years in a busy EMS system
- Current Healthcare Provider Level CPR
- Current ACLS Provider
- Current Pediatric Course Completion (PALS, PEPP, PPC, EPC)
- Current Trauma Course Completion (PHTLS, ITLS, TNCC, TNATC)

Required Supporting Documents:

- Agency Administrator Endorsement (on page 2 of application)
- Current Advanced Practice Paramedic Recommendation Letter
- Resume

There will be a \$100 administrative fee that will need to be submitted upon delivery of your application.



Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Phone Number: (C): \_\_\_\_\_ (W): \_\_\_\_\_ Other: \_\_\_\_\_

Email address: \_\_\_\_\_

National Registry Certification #: \_\_\_\_\_ Expiration: \_\_\_\_\_

State Certification #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Years of ALS experience: \_\_\_\_\_

Other licenses and/or certifications: RN\_\_\_\_\_ PA\_\_\_\_\_ RT\_\_\_\_\_ PT\_\_\_\_\_ MD\_\_\_\_\_

College/Degree Program:

\_\_\_\_\_

Instructor: ACLS\_\_\_\_\_ CPR\_\_\_\_\_ EMS Educator\_\_\_\_\_ ALS Coordinator\_\_\_\_\_

Average number of ALS calls per year: \_\_\_\_\_

Agency affiliation: \_\_\_\_\_

**Agreement & Signature:**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a student for this course, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

**Agency Agreement & Signature:**

By signing this application, I affirm that \_\_\_\_\_ is a member in good standing with our agency and that our agency endorses their participation in the BREMS Advanced Paramedic Program.

Name (printed)	
Signature	
Date	
Agency Name	

**Policy:**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application and for your interest in this course.

**Other:**

Included separately from this page, please write a minimum 500-word essay explaining why you feel that you should be accepted into the BREMS Advanced Paramedic Program, how you feel this program will help in the region, and describe calls where these skills would have helped you in the field.

Please send completed application, copies of current cards, essay, and letter of recommendation to the address below:

**BREMS  
Attention: Sean Regan  
1900 Tate Springs Rd.  
Suite 14  
Lynchburg, VA 24501**