



**2012-14 A.A.S. NURSING
Emergency Medical Technician (EMT)
Work Experience Form**

Blue Mountain Community College
2411 NW Carden, P.O Box 100
Pendleton, OR 97801
(541)278-5757 Registrar
(541)278-5871 Fax
www.bluecc.edu

Student Name: _____

Date: _____

Dear Human Resources Director:

The above individual is an EMT, with current certification issued by the State of Oregon. Additionally the above individual is planning to apply to the BMCC Nursing program in 2012 (for fall entry), and **can earn points** in the selection process with proof of work experience as an EMT. In order to receive those points each applicant must provide official documentation. We are therefore asking you to assist this applicant with the process.

Please do the following:

- Keep this form intact
- Fill in the requested information below
- Seal it in an envelope (preferably a company letterhead envelope)
- Employer/Supervisor- sign your name across the seal.
- The sealed envelope must be received no later than February 15, 2012 by 5 p.m. to earn points, no exceptions.

Human Resources must verify amount of hours worked.

Please Mail to:
Blue Mountain Community College, Office of Admissions/Nursing, P.O. Box 100, Pendleton, Oregon 97801

To obtain the work experience points, the applicant must hold a current State of Oregon issued EMT certification. If you have any questions, you may contact Theresa Bosworth, Registrar/Director of Admissions, Advising and Testing, at (541) 278-5757.

EMT experience must qualify the individual for renewal of EMT certification by the State of Oregon. In other words, the individual must have been performing authorized duties as defined by the Human Resources Department issuing payment for EMT services, and must have been in a position that required State of Oregon issued EMT certification.

Please verify (by checking the appropriate box) the amount of hours this applicant has worked as an EMT using the scale provided:

0 to 999 hours of work experience

1,000 or more hours of work experience

Please note: Employment Beginning Date: ____/____/____ AND Employment End Date: ____/____/____

Name/Signature of Human Resources Director

Printed Name

Human Resources Director's phone number

Facility

Position/Title

Blue Mountain Community College is an equal opportunity educator and employer.