



APPLICATION FORM FOR EMT AND PARAMEDIC CREDENTIALING

PERSONAL PARTICULARS		
Full Name as in NRIC / FIN / Passport:	Application for: (Tick one) <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic	
NRIC/ FIN / Passport Number:	Country of Issue:	Date of Birth (dd/mm/yyyy):
Nationality:	Gender: (Tick one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Contact Number:
Company Name:		Company Contact Number:
Company Address:		Company Email Address:

EMPLOYMENT HISTORY (CHRONOLOGICAL ORDER)				
Date (mm/yyyy)		Name of Company	Job Title	Company Address
From	Till			

EMT / PARAMEDIC / NURSING ACADEMIC QUALIFICATIONS				
Name of School / College / Institution	From (dd/mm/yyyy)	Till (dd/mm/yyyy)	Qualification Obtained (Diploma, Degree, etc)	Email Address of School / College / Institution



DECLARATION

- 1) I hereby give my consent to the Unit for Pre-hospital Emergency Care (UPEC) to:
 - a) Obtain and verify all of the information provided as part of the application process if necessary. I further understand that this includes, but is not limited to, activities such as contacting my previous employers as may be deemed appropriate for the purposes of assessing my application. I hereby release all persons, companies, schools, institutions from all liability or responsibility when furnishing such information.
 - b) Use the data I have provided in this form to send me updates about various courses, conferences, seminars, and related activities organised or co-organised by UPEC.
 - c) Use the data I have provided for the administration and upkeep of my record as a qualified EMT or paramedic, including to send me updates about upkeep of credentials where necessary.

- 2) I declare that all the information given by me in this application and any additional documents attached hereto are true, complete, and accurate. I understand that any falsified documentation or evidence at the time, or subsequently found, will be treated as basis for disqualification of my application.

By signing below, I hereby certify that I have read and understood all the clauses above and that I agree to all of them.

Applicant's Name & Signature

Date

**Current / Prospective Employer's
Name & Signature**

Date



ANNEX A

CHECKLIST FOR SUPPORTING DOCUMENTS TO BE SUBMITTED

Please ensure you have attached all the following documents to complete your submission. Applications with missing supporting documents will be rejected.

- Application Form
- Curriculum Vitae (CV)
- Copy of NRIC / FIN / Passport (Front and Back)
- Transcript of paramedic / nursing education from school / college / university
- Academic certificate(s) / Training certificate(s)
- Registration certification in home country (if applicable)
- Reference / work testimonials from current and previous employer(s) to state the period of work, job scope and work performance