

**Application For Medical/Firefighters Program**

Per the Policies & Procedures (P&P's) for the DRNSP, Section 13.1, in order to qualify, the applicant must be working full time in one of the following categories of jobs: health care professionals, firefighters (including seasonal firefighters), police officers, ambulance workers, registered nurses, emergency room technicians, nurse practitioners, physicians' assistants, and MD's.

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

E mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

Job Description: \_\_\_\_\_

Briefly State Reason For Applying:

Please attach to this application proof of current employment in the form of either an ID card or pay stub, current certification/licensing, and up to date CPR certification (P&P's 13.3).

I hereby attest that I have reviewed Section 13 of the P&P's, understand the requirements for participation in this pilot program, and that the information in this application is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application approved by Patrol Rep:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_