

THE
University of Vermont
HEALTH NETWORK

Elizabethtown Community Hospital
PARAMEDIC PROGRAM

Regional Needs Assessment

What is your current Certification? _____

What is your age group? _____

What County do you reside in? _____

What Town do you reside in? _____

Are you currently a paid EMS provider? Yes No

Are you currently a volunteer EMS provider? Yes No

Are you an agency official? Yes No

Would you be interested in becoming a paramedic? Yes No

Do you consider yourself? Self- Motivated Needs Structure Other

What would be the barriers to you participating in a Paramedic Program?

What would you like to see in a Paramedic Program?

Upon completion, please
download and email to:
paramedic@ech.org