



The DHART program is responsible to transporting critically ill and injured patients throughout New England. This should **NOT** be considered an opportunity for a “joy-ride” but a serious examination of the work our program does, how our team interacts and functions, as well as what YOU, the ride along participant, can bring to your community as a result of this experience.

Date \_\_\_\_\_

**RIDE-ALONG PROGRAM APPLICATION** (PRINT CLEARLY)

NAME: \_\_\_\_\_, \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

AGE: \_\_\_\_\_ WEIGHT (POUNDS): \_\_\_\_\_

PLEASE DESCRIBE ANY HEALTH ISSUES YOU MAY HAVE, THAT MIGHT AFFECT YOUR ABILITY TO TOLERATE THE FLIGHT ENVIRONMENT:

\_\_\_\_\_

LEVEL OF TRAINING (CHECK ALL THAT APPLY):

- |                                |                                |  |
|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> ECA   | <input type="checkbox"/> RT    | <input type="checkbox"/> PARAMEDIC STUDENT   |
| <input type="checkbox"/> EMT-B | <input type="checkbox"/> RN    | <input type="checkbox"/> NURSING STUDENT     |
| <input type="checkbox"/> EMT-I | <input type="checkbox"/> NP/PA | <input type="checkbox"/> MEDICAL STUDENT     |
| <input type="checkbox"/> EMT-P | <input type="checkbox"/> MD    | <input type="checkbox"/> OTHER (LIST): _____ |

HOSPITAL OR SERVICE AFFILIATION: \_\_\_\_\_

DO YOU WANT A GROUND TRANSPORT OR AIR TRANSPORT OBSERVATION? \_\_\_\_\_

How will this experience help you in your current practice as a medical professional?

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

How will this experience help the DHART program? \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_