



Emergency Medical
Training Services



EMTS/ACI Paramedic Consortium

Permission to Contact Employer/Third Party Reporting Services

I, *(print name)* _____, hereby authorize

EMTS and/or Arlington Career Institute and/or EMTS/ACI Consortium to contact my employer after graduation or program completion in order to obtain placement information required by accrediting organizations, and to conduct employer surveys regarding the quality of preparation of the program/institution's education programs.

I also authorize EMTS and/or Arlington Career Institute and/or EMTS/ACI Consortium to disclose pertinent information to the schools consortium board, as may be necessary, for the sole purpose of obtaining a standard credit report for employer contact information on me.

I understand that the information obtained will be treated as totally confidential and that **NO** information on the report will be accessible to any party not directly involved, with the exception of employment verification to accrediting organizations referenced above.

Sign: _____

Date: _____

100 N. Central Expressway, Suite L-15
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