

**Emergency Medical Technician –Paramedic Student Intern
Field Internship Application**

MUST BE APPROVED BY EMS AGENCY BEFORE FIELD INTERNSHIP CAN BEGIN

PARAMEDIC STUDENT INTERN		
Last Name, First, MI	Email	
Mailing Address	Home Phone	
City, State, Zip	Work Phone	
Applicant Signature	Date	
SUBMIT FOLLOWING DOCUMENTATION WITH THIS APPLICATION		
<input type="checkbox"/>	Proof of Paramedic Course Completion signed by program director	
<input type="checkbox"/>	Driver's License or photo ID	
<input type="checkbox"/>	ACLS Card	
<input type="checkbox"/>	CPR Card	
<input type="checkbox"/>	EMT Card	
<input type="checkbox"/>	Letter from ALS provider accepting intern	
PRECEPTOR/COUNTY OF SLO FIELD TRAINING OFFICER ASSIGNED TO INTERN		
Preceptor/FTO		
ALS Provider Agency and Station		
Phone #1	Phone #2	Email
SLO EMS Agency USE ONLY		
<input type="checkbox"/> Contract on file between Paramedic Program and ALS Provider		
_____		_____
SLO EMS AGENCY AUTHORIZING SIGNATURE		DATE