

County of San Luis Obispo Public Health Department  
 Division: Emergency Medical Services Agency

Policy 340 Attachment A  
 Effective Date: 11/01/2021

## PARAMEDIC STUDENT - FIELD INTERNSHIP APPLICATION

**MUST BE APPROVED BY EMS AGENCY BEFORE FIELD INTERNSHIP CAN BEGIN**

APPLICANT INFORMATION					
Last Name:			First Name and Middle Initial:		
Mailing Address, PO Box/Street:			Residence Address (if different than mailing):		
City:	State:	Zip:	City:	State:	Zip:
Cell Phone Number:			Personal Email:		
Home Phone Number:			Work Email:		
SUBMIT THE FOLLOWING WITH THIS APPLICATION					
<input type="checkbox"/> Proof of Paramedic Course Completion signed by Program Director					
<input type="checkbox"/> Letter from ALS provider accepting intern					
<input type="checkbox"/> Copy of ACLS Card, Expiration:					
<input type="checkbox"/> Copy of CPR Card, Expiration:					
<input type="checkbox"/> Copy of EMT Card, Certification Number and Expiration:					
<input type="checkbox"/> Copy of Driver's License or government issued photo ID					
FTO/PRECEPTOR ASSIGNED TO INTERN:					
FTO/Preceptor Name:					
Agency:			Internship Start Date:		
Phone Number:			Email:		
<b>Attachment B - Paramedic Student Field Internship Completion Form must be filled out and all items completed and submitted to EMS Agency at finish of internship.</b>					
Applicant's Signature:				Date:	
<b>*****EMS AGENCY USE ONLY BELOW THIS LINE*****</b>					
Received Date:					
<input type="checkbox"/> Contract on file with Paramedic Program and ALS Provider					
Authorized by:				Date:	