



## San Joaquin County EMS Agency Paramedic Field Internship Registration Form

This Section to be Completed by the Paramedic Training Program			
Date		Students Name	
Training Program Name			
LEMSA Approving Training Program			
Date Didactic Completed		Date Clinical Completed	
Name and location of hospital where clinical education was obtained			
Number of Clinical Intubations Obtained		Number of Field Internship Attempts	
Is the student in good standing?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Explain in an attached statement	
Name of ALS Provider for Field Internship			
Name of Assigned Preceptor			
Field Internship Start Date			
Training Program Contact Person			
Training Program Phone Number			
Training Program Contact Person's Email			
Training Program Director's Name			
By signing this I acknowledge that San Joaquin County EMS Agency has the right to deny a field internship placement if the student does not comply with the requirements set forth in the San Joaquin County EMS Agency Policy 2571, <u>Paramedic Student Field Internship Authorization</u> .			
Training Program Director's Signature			

This Section to be Completed by the ALS Provider			
ALS Provider			
Assigned Preceptor's Name			
Preceptor's Authorization Number			
Field Internship Start Date			
ALS Provider and Training Program Agreement is on File with San Joaquin County EMS Agency		Yes <input type="checkbox"/> , EMS Approval Number _____	
		No <input type="checkbox"/> , copy attached	
Date Paramedic Accreditation Orientation Course Completed			
CQI Coordinator's Name			
CQI Coordinator Signature		Date	