



TEMPORARY PARAMEDIC INTERN NUMBER APPLICATION

MARIN COUNTY EMS AGENCY
1600 Los Gamos Dr. #220, San Rafael, CA 94903
ph. 415-473-6871 fax 415-473-3950
www.MarinEMS.org

Last Name			First Name			Middle Initial						
Residence Address						Mailing Address if Different than Residence Address						
City		State		Zip		City			State		Zip	
Home Phone				Mobile Phone								
E-mail						Date of Birth						
EMT Certification Number						EMT Exp. Date						
Name of Preceptor						Preceptor Phone						
Signature of Preceptor:												
Preceptor Agency						Training Program						
Name						Name						
Address						Address						
City		State		Zip		City			State		Zip	
<p>I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to a paramedic internship in Marin County. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as a paramedic intern in Marin County.</p> <p>Signature of Applicant: _____ Date: _____</p>												

Office Use Only			
<input type="checkbox"/> Complete & signed application form	Date _____	<input type="checkbox"/> Reviewed	Date _____ Initials _____
<input type="checkbox"/> BLS CPR Card: Exp. _____		<input type="checkbox"/> Approved	Date _____ Initials _____
<input type="checkbox"/> ACLS Card: Exp. _____		<input type="checkbox"/> PCR System	Date _____ Initials _____
<input type="checkbox"/> ID Verified _____		Intern Medic #: _____	
<input type="checkbox"/> Current EMT Certification _____			