



# TEMPORARY PARAMEDIC INTERN NUMBER APPLICATION

MARIN COUNTY EMS AGENCY  
1600 Los Gatos Dr. #220, San Rafael, CA 94903  
ph. 415-473-6871 fax 415-473-3747  
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 <b>penalty of perjury</b> 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><b>Signature of Applicant:</b> _____ <b>Date:</b> _____</p>											

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