



# TEMPORARY PARAMEDIC INTERN NUMBER APPLICATION

MARIN COUNTY EMS AGENCY  
899 Northgate Drive #104, 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 |     |   |  | Social Security Number |       |  |     |
| E-mail  |  |  |            |              |     | Date of Birth                                       |  |                        |       |  |     |
| Name of Preceptor   |  |  |            |              |     | Preceptor Phone                                     |  |                        |       |  |     |
| 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 _____<br><input type="checkbox"/> BLS CPR Card: Exp. _____<br><input type="checkbox"/> ACLS Card: Exp. _____<br><input type="checkbox"/> ID Verified _____<br><br>Intern Medic #: _____ | <input type="checkbox"/> Database Update<br>Date _____ Initials _____<br><input type="checkbox"/> Reviewed Date _____ Initials _____<br><input type="checkbox"/> Approved Date _____ Initials _____<br><input type="checkbox"/> Issued Date _____ Initials _____<br><input type="checkbox"/> EPCIS Date _____ Initials _____<br>Log-on #: _____ |