





# Mountain Lakes Regional EMS Council

## ALS Internship Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: [ ][ ] - [ ][ ] - [ ][ ][ ][ ] Work Phone: [ ][ ] - [ ][ ] - [ ][ ][ ][ ]

Cell : [ ][ ] - [ ][ ] - [ ][ ][ ][ ] Current Tek # (if applicable): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please check the level that you are applying for:

- EMT-Intermediate
  EMT-Critical Care
  EMT-Paramedic

Primary Agency: \_\_\_\_\_

Other Agency Affiliations: \_\_\_\_\_

Please check which QI that your affiliated with:

- |  |  |
|--|--|
| <input type="checkbox"/> Glens Falls Subregion | <input type="checkbox"/> Clinton County    |
| <input type="checkbox"/> Tri-Lakes             | <input type="checkbox"/> Franklin County   |
| <input type="checkbox"/> SAEMS                 | <input type="checkbox"/> FACT              |
| <input type="checkbox"/> E-Town Community      | <input type="checkbox"/> Washington County |

Medical Director: \_\_\_\_\_

Please Indicate all Certifications and their date of expiration below:

Certification: _____	Date: _____
Certification: _____	Date: _____
Certification: _____	Date: _____
Certification: _____	Date: _____
Certification: _____	Date: _____
Certification: _____	Date: _____

