

Mountain Lakes Regional EMS Council

ALS Internship Process

All applicants must complete the Mountain Lakes Regional EMS Council Internship Application. This Packet must include the following:

- 1. A signed letter of request from their primary agency** – Every applicant must submit a letter of request from their primary agency requesting that they can start their internship at the level they are seeking. This request is to be on the agency's letterhead and signed by an approved officer. Letters signed by the applicant will not be accepted.
Please note: Applicants can only list one primary agency and can only fall under one Medical Control Service Area
- 2. A copy of Certification Card** – Applicants must include their current certification card at the level being requested.
- 3. A copy of a BLS CPR Provider Card** – Applicants must submit a current AHA BLS CPR Healthcare Provider Card, ARC Professional Rescuer Card or equivalent. A community CPR card, Instructor card, PALS card or an ALS card are not acceptable.
- 4. A digital picture** – At this time Mountain Lakes Regional EMS Council has the resources to take digital photos at our Queensbury Office and at the Clinton Office of Emergency Services. There is no charge for the digital photo taken at the Mountain Lakes Regional EMS Council office.
- 5. Protocol Exam Results** – Either a copy of the graded exam or a certificate of completion.

Application packets that are missing any of these materials will be returned to the applicant as incomplete.

Please mail applications to:

**5 Warren Street
Glens Falls, NY 12801**



Form #:

Date Applied: 2005-05-09
Date Revised: 2011-03-28

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: _____



Mountain Lakes Regional EMS Council

Please Indicate all Certifications and their date of expiration below:

| | | | |
|----------------|-------|-------|-------|
| Certification: | _____ | Date: | _____ |
| Certification: | _____ | Date: | _____ |
| Certification: | _____ | Date: | _____ |
| Certification: | _____ | Date: | _____ |
| Certification: | _____ | Date: | _____ |
| Certification: | _____ | Date: | _____ |

I hereby apply to the Mountain Lakes Regional Emergency Medical Services Advisory Council (REMAC) for privileges to practice as an Advanced Emergency Medical Technician Intern. I will abide by all applicable New York State and Regional Patient Care Protocols as well as Regional Continuing Medical Education (CME) requirements. I understand that the privilege to practice as an Advanced Medical Technician May be suspended or revoked by the REMAC for just cause.

Applicant's Signature: _____ Date: _____

This Application must include the following to be complete:

A signed letter or request from the primary agency (it should be on agency letterhead signed by an officer within the agency other than the applicant)

A copy of your New York State Certification Card at the level that your requesting

A copy of your BLS CPR provider card

A digital picture (photo accommodations are available in some locations, please call for availability at (518)793-8200 between 8am and 4pm Monday Through Friday)

Protocol exam results (Either a copy of the graded exam or a certificate of completion)



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