

EL DORADO

COUNTY



EMERGENCY MEDICAL SERVICES AGENCY

A Division of the Health Services Department

2900 FAIR LANE COURT
PLACERVILLE, CALIFORNIA 95667
PHONE (530) 621-6500
FAX (530) 621-2758

TO: PARAMEDIC STUDENT INTERN CANDIDATES
FROM: El Dorado County Emergency Medical Services (EMS) Agency
RE: Application for student internship

Please submit this completed application El Dorado County EMS Agency. **THIS APPLICATION MUST BE APPROVED BEFORE YOU MAY BEGIN YOUR FIELD INTERNSHIP.** If you have any questions, please feel free to contact us at 530-621-6500.

NAME: _____

MAILING ADDRESS: _____
(Including City, State, and Zip Code)

EMAIL ADDRESS: _____ DRIVERS LIC #: _____

HOME PHONE: _____ CELL PHONE: _____

PROGRAM NAME: _____ PRECEPTOR: _____

SUBMIT COPIES OF THE FOLLOWING WITH THIS APPLICATION:

- Photo ID
- ACLS card (or equivalent)
- PALS/PEPP card (or equivalent)
- CPR card
- EMT card
- Letter from ALS contractor accepting intern
- Letter from paramedic program coordinator requesting internship in EDC.

Intern and paramedic training program must be compliant with all items contained in Title 22, section 100153.

NOTE: THIS APPLICATION IS NOT VALID UNTIL THE REVERSE SIDE HAS BEEN SIGNED.

HEALTH AND SAFETY CODE 1798.200.

Answer All Questions, Sign and Date Affidavit:

Yes No

Have you ever been convicted of any felony or misdemeanor offense, including entering a plea of nolo contendere or no contest and, including any conviction which has been expunged (set aside) under Penal Code Section 1203.4?

Are there any criminal charges currently pending against you?

If you answered yes to either of these questions **you must attach a detailed statement** describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and police reports.

Check here if previously disclosed and on file with El Dorado County EMS Agency.

Have you ever had a certification, accreditation or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time?

If yes, **you must enclose** with this application a written explanation that describes the action, any corrective action, any remediation as a result of the action, and the name and address of the certifying or licensing authority involved.

Check here if previously disclosed and on file with El Dorado County EMS Agency.

I hereby certify that all statements made in this application are true and complete. I also hereby certify under penalty of perjury that I am not precluded from certification or authorization for those reasons defined in Division 2.5, Health and Safety Code, Section 1798.200, as listed below:

- (a) Fraud in the procurement of any certification under this division.
- (b) Gross negligence.
- (c) Repeated negligent acts.
- (d) Incompetence.
- (e) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
- (f) Conviction of any crime which is substantially related to the qualifications, functions and duties of pre-hospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction.
- (g) Violation or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations promulgated by the authority pertaining to pre-hospital personnel.
- (h) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- (i) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (j) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
- (k) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

I understand that the information on this application will be used in determining my qualifications for certification and that information contained on this application may be used for conducting a background investigation and may be released to the State of California EMS Authority and other local EMS agencies.

I hereby request that the El Dorado County EMS Agency process this application and authorize them to use this information in performing a background investigation.

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 EMT certification in the State of California. 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 an EMT in California.

Signature: _____ Date: _____

**PLEASE MAIL TO: *El Dorado County EMS Agency*
2900 Fair Lane Court
*Placerville, CA 95667***

FOR EMS AGENCY USE ONLY:

Approved by: _____ **Date:** _____

Forward copy to contracting agency providing internship