

**NORTHERN CALIFORNIA EMS, INC.**

930 Executive Way, Suite 150, Redding, CA 96002
Phone: (530) 229-3979 Fax: (530) 229-3984

**EMT TRAINING PROGRAM
CLINICAL/FIELD INTERNSHIP AFFILIATION FORM**

Training Program Name:

Clinical/Field Internship Site Information

Note: Copies of current written affiliation agreements with clinical and field internship providers must be on file with Nor-Cal EMS

<input type="checkbox"/> Clinical	<input type="checkbox"/> Field	
Name of Affiliated Internship Site:		
Street Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
Email		

<input type="checkbox"/> Clinical	<input type="checkbox"/> Field	
Name of Affiliated Internship Site:		
Street Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
Email		

<input type="checkbox"/> Clinical	<input type="checkbox"/> Field	
Name of Affiliated Internship Site:		
Street Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
Email		