



## NORTHERN CALIFORNIA EMS, INC.

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

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

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