

# **Mountain Lakes Regional EMS Council**

## **ALS Technician 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.
- 4. A digital picture** – Photo must be against a plain white background and should be of your shoulder up. At this time Mountain Lakes Regional EMS Council has the resources to take digital photos at our Glens Falls office. 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:**

**Mountain Lakes Regional EMS Council  
375 Bay Road, Suite 202  
Queensbury, NY 12804**

# 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:

AEMT                       Critical Care                       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: \_\_\_\_\_