



City of Berkeley Fire Department

Division of Emergency Services
berkeleyems@berkeleyca.gov or (510)981-5595

Paramedic Internship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () E-mail Address: _____

Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date Available to Begin @ BFD:	
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If yes, explain:

Didactic Experience

Paramedic Training Program:		
Name of Program Coordinator:		
Program Coordinators Phone #:		
Program Coordinators E-Mail:		
From:	To:	

Clinical Experience

Clinical Location:		
Name of Clinical Preceptor:		
Clinical Preceptor's Phone #:		
Clinical Preceptor's E-Mail:		
From:	To:	

Prior Internship Experience

Internship Location:				
Name of Preceptor:				
Preceptor's Phone #:				
Preceptor's E-Mail:				
From:	To:	# of ALS Contacts	# of BLS Contacts	# Hours Completed

Reason for leaving:

Additional Information

Please describe your previous EMT experience (Cite references such as: Agency name, contact person, and phone number):

How will an internship with the Berkeley Fire Department benefit you?

List any strengths and weaknesses identified from your didactic program OR clinical preceptorship and/or previous field internship.

Final Agreements, Disclaimer and Signature

I will be thoroughly knowledgeable of Alameda County EMS protocols prior to the commencement of my internship.

I will adhere to the uniform requirements set by the Berkeley Fire Department; dark BDU style EMS pants, school uniform shirt, dark work boots with steel toe and an ID badge.

I will come to my internship each day with a clean uniform and be well groomed.

I certify that my answers throughout this application are true and complete to the best of my knowledge.

If this application leads to an internship, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

**** RETURN YOUR COMPLETED APPLICATION TO YOUR PROGRAM COORDINATOR ****

STUDENTS:

Applications will be processed upon receipt; you will be contacted to schedule a date and time for your Alameda County protocol examination. You must pass the protocol examination by no less than 80% and may re-take the examination once.

Students who have submitted an application and passed the protocol examination will be placed in the Department's "Available" intern file. Selection for placement will be based upon Preceptor and space availability. The assigned Paramedic Preceptor will contact you to schedule an interview and/or ride along.

Thank you for your cooperation.

Please attach your current resume.

PROGRAM TRAINING COORDINATOR:

Please forward all completed applications to:

City of Berkeley
Department of Emergency Services
Attn: Leah Salomon, EMS Captain
1007 University Ave, Berkeley, CA 94710