

State of New Hampshire
Department of Safety
Division of Fire Standards and Training & Emergency Medical Services

Clinical / Field Internship Affiliation Form

COURSE INFORMATION

EMR

EMT

AEMT

PARAMEDIC

LOCATION (Town): _____

START DATE: _____ END DATE: _____

NH EMS I/C (Print Name): _____

AFFILIATIONS

Pursuant to Saf-C 5909.01 (b)(2), the EMS I/C shall have written affiliation agreements with each of the listed sites. Please list all Hospitals, EMS Units or other sites that will be utilized for the completion of the applicable clinical and field internship requirements.

Site Name	Affiliation (check one)		Site Contact Name	Date of Signed Agreement
	Clinical	Field		

 NH EMS I/C (Signature)

 Date

 NH Bureau of EMS (Signature)

 Date

NOTE: This form must be submitted with the "Authority to Establish Course" for course approval.

EMS Bureau Use Only

Course # _____