

***** Please check with the facility you will be doing your internship at to see which of these items you will need. *****

***** If there is a contract with the facility you must meet all the requirements of the contract. *****

EMS Pre-Internship Checklist

NAME:	Date
<input type="checkbox"/> Hep-B Immunization Records or Signed Waiver	
<input type="checkbox"/> Copy of Driver's License	
<input type="checkbox"/> Two-step TB Test	
<input type="checkbox"/> WA State Patrol WATCH Criminal History Results	
<input type="checkbox"/> Copy of HIPPA Certification	
<input type="checkbox"/> Copy of Blood-Borne Pathogens/Infectious Disease Certification	
<input type="checkbox"/> Copy of AHA HCP CPR Certification or ARC Professional Rescuer CPR Certification	
<input type="checkbox"/> Proof of Personal Medical Insurance	
<input type="checkbox"/> *** Student Release Form***	
<input type="checkbox"/> Copy of Professional Liability Insurance Certificate	
Welcome Email	
Items Received Emails	
File Complete Email	
FILE COMPLETE	