

PARAMEDIC Pre-Internship Checklist

NAME:	Date
<ul style="list-style-type: none"> • Immunization Records: MMRs, Hep-A&B, Diptheria, Tetanus, Pertussis (DPT), Chickenpox, Meningococcal, Pneumococcal, Flu Vaccine <p><i>Hep – A, Hep B, Meningococcal, Pneumococcal, and Flu Vac may be waived upon counseling.</i></p>	
<ul style="list-style-type: none"> • Two-step TB Test 	
<ul style="list-style-type: none"> • Copy of Driver's License 	
<ul style="list-style-type: none"> • Drug Screen Test 	
<ul style="list-style-type: none"> • WA State Patrol WATCH History Request/Results 	
<ul style="list-style-type: none"> • Copy of HIPPA Certification 	
<ul style="list-style-type: none"> • Copy of Blood-Borne Pathogens/Infectious Disease Certification 	
<ul style="list-style-type: none"> • Copy of AHA HCP CPR Certification or ARC Professional Rescuer CPR Certification 	
<ul style="list-style-type: none"> • **Student Release Form** 	
<ul style="list-style-type: none"> • Proof of Auto Insurance 	
<ul style="list-style-type: none"> • Proof of Personal Medical Insurance 	
<ul style="list-style-type: none"> • Copy of Professional Liability Insurance Certificate 	
Welcome Email	
Items Received Emails	
File Complete Email	
FILE COMPLETE	