



**PARAMEDIC TRAINING PROGRAM CLINICAL/FIELD INTERNSHIP AFFILIATION  
FORM**

Name of Training Program:
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**Clinical/Field Internship Site Information**

Note: Copies of current written affiliation agreements with clinical and field internship providers must be on file with the S-SV EMS Agency

Clinical	Field	
Name of Affiliated Internship Site:		
Street Address:		
City:	County:	Zip Code:
Contact Person:		Telephone:

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City:	County:	Zip Code:
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