



# Monroe Livingston Region Program Agency

Division of Prehospital Medicine, University of Rochester  
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## ADVANCED LIFE SUPPORT

## INTERNSHIP REGISTRY FORM

**Provider Name:** \_\_\_\_\_ **NYS EMT#:** \_\_\_\_\_

**Provider Level:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

Internship completion or 6-month review must be completed by:

### 3-MONTH EXTENSION

Providers who have not completed their internship within 6-months of the original start date above must undergo a review of their internship progress and may then request one 3-month extension. The extension will begin 6 months from the original internship start date.

Check here and complete the remainder of this section if the provider has reached the 6 month date above, has not yet completed their internship and would like to request an extension.

**Date of Request:** \_\_\_\_\_ **Clearing Calls Complete:** \_\_\_\_\_ **Unique Signatures:** \_\_\_\_\_

*I have verified the above named AEMT is currently certified as a New York State Advanced EMT and I have a copy of this certification on file. I affirm that the above named AEMT is able to begin the internship period as outlined in the Monroe-Livingston REMAC – Advanced Life Support Committee Policies and Procedures.*

**ALS Chief Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ALS Chief E-Mail Address:** \_\_\_\_\_

**ALS Internship Registry Forms must be forwarded to the Program Agency within two business days from the start of the internship.**

**If you believe this authorization has been done inappropriately, please contact the ALS Chief or the Agency, NOT the Program Agency**