

## EMT Prerequisite Checklist

**FINAL DEADLINE FOR THE FOLLOWING ITEMS IS DAY 1 OF THE PROGRAM. ENROLLMENT MAY BE IN JEOPARDY IF THE FOLLOWING ITEMS ARE NOT RECEIVED**

You can send us this form and the following documents in two ways:

1. Email: [EMT@projectheartbeat.com](mailto:EMT@projectheartbeat.com)
2. in person: 333 Hegenberger Rd, Suite 855, Oakland CA 94621

- |   |   |
|---|---|
| <input type="checkbox"/> California Drivers License | <input type="checkbox"/> Varicella                                |
| <input type="checkbox"/> HS diploma or GED          | <input type="checkbox"/> Seasonal Influenza Shot                  |
| <input type="checkbox"/> Negative TB                | <input type="checkbox"/> Signed Enrollment Agreement              |
| <input type="checkbox"/> MMR                        | <input type="checkbox"/> BLS Certification (only AHA<br>accepted) |
| <input type="checkbox"/> TDAP                       | <input type="checkbox"/> School Performance Fact Sheet            |
| <input type="checkbox"/> Hepatitis B                |   |

### Additional Required forms:

- |   |   |
|---|---|
| <input type="checkbox"/> Disclaimer           | <input type="checkbox"/> Promissory form            |
| <input type="checkbox"/> Release of Liability | <input type="checkbox"/> Denial and Revocation form |
| <input type="checkbox"/> Photo Release        | <input type="checkbox"/> Clinical Ridealong form    |

## DISCLAIMER

I \_\_\_\_\_, understand that as a student of Project Heartbeat, LLC - EMS Division, Emergency Medical Technician Basic Training Program, I will be exposed to potentially disturbing medical images, sights, simulated smells, psychomotor skill tests, which simulate real life scenarios. I understand that these simulations are designed to simulate real work experiences, which will better prepare me as a student to become an Emergency Medical Technician. I may be exposed to low-level lighting conditions, wet or raining conditions, or seasonally hot conditions.

I further understand that I will be exposed to physical exertion aerobic exercises and/or occasional lifting activities. I will need to utilize proper lifting mechanics in order to facilitate simulated patient movement using a variety of patient movement devices such as gurneys, scoop stretchers, stair chairs, c-spine boards, etc. I understand that if I have a preexisting medical condition that limits or restricts my ability to participate, it is my duty to inform my instructor on the first day of class and/or any of my skills instructors prior to participating in these exercises. I understand that I do not have to participate in these movements. However, by not participating, I may not be able to complete the required assignments in class, which may result in my inability to complete the EMT training program.

I do hereby hold harmless Project Heartbeat, LLC, its agents, successors, contractors, assigns, subareas subsidiaries and/or affiliates from liability as a student.

Date this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(PRINT FULL LEGAL NAME)

\_\_\_\_\_  
(LEGAL SIGNATURE)

\_\_\_\_\_  
DIRECTOR SIGNATURE

## **RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT**

**BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING BUT NOT LIMITED TO THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE. READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATE YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.**

WHEREAS, \_\_\_\_\_ (clearly print Individual's name) hereinafter referred to as the "Individual" has requested to be allowed to travel as passenger in a Project Heartbeat, LLC ("PHB") vehicle;

AND WHEREAS, ALTHOUGH THE INDIVIDUAL IS NOT ENCOURAGED TO DO SO, PHB is allowing the Individual to be a passenger in a PHB vehicle,

NOW, THEREFORE, in consideration for allowing the Individual to ride as a passenger in a PHB vehicle, the undersigned agrees and represents as follows;

IT IS SPECIFICALLY UNDERSTOOD BY ME THAT WORKING WITH SHARPS/NEEDLES IS AN INHERENTLY DANGEROUS ACTIVITY. I PERSONALLY ASSUME ALL RISK IN CONNECTION THEREWITH, WHICH MAY ARISE, REGARDLESS OF THE NATURE OF THE RISK AND/OR HOW I BECAME INVOLVED OR WHO DIRECTED ME INTO SUCH HAZARDOUS OR DANGEROUS SITUATIONS. This assumption of risk includes, but is not limited to, routine blood draw activities involving sharps/needles.

I HEREBY RELEASE PROJECT HEARTBEAT, LLC, ("PHB") ITS OFFICERS, AGENTS, EMPLOYEES, AND ASSIGNS AND ALL AFFILIATE BUSINESSES INCLUDING BY NOT LIMITED TO PROJECT HEARTBEAT, LLC ("PHB") FROM ANY AND ALL LIABILITY, LOSS, DAMAGE, COST, CLAIMS AND/OR CAUSES OF ACTION, INCLUDING BUT NOT LIMITED TO ALL BODILY INJURIES AND PROPERTY DAMAGE SUSTAINED BY THE INDIVIDUAL AS A RESULT OF BEING A STUDENT AT PROJECT HEARTBEAT. THIS RELEASE INCLUDES BUT IS NOT LIMITED TO ALL INJURIES AND DAMAGES SUSTAINED WHILE IN BUILDING PREMISES, INCLUDING THE PARKING LOT AND EXTERNSHIPS. The Individual makes this general release freely and with the full opportunity to seek the benefit of independent legal advice is fully aware of the provisions of Civil Code section 1542. which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS, WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE WHICH IF KNOWN BY HIM/HER MUST HAVE MATERIALY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

The Individual hereby waives the provisions of section 1542 of the California civil code and the provisions of any similar laws of any other state or country.

The Individual acknowledges that the training program involves potential activities that MAY RESULT IN BODILY INJURY, DEATH, AND/OR EXPOSURE TO AIRBONE OR BLOOD BORNE PATHOGENS. Exposure to airborne or blood borne pathogens may result in the transmission of AIDS, hepatitis, tuberculosis, or other infectious diseases. The Individual agrees that they will follow all precautionary measures and instructions given by PHB employees. The Individual agrees that THEY WILL OBEY UNIVERSAL PRECAUTIONS AT ALL TIMES even if not verbally instructed to do so.

THE INDIVIDUAL AGREES TO INDEMNIFY PHB FOR ANY AND ALL LOSS, DAMAGE, COSTS OR LIABILITY, CONTINGENT OR DIRECT, which PHB may sustain as a consequence of the acts or conduct of the Individual or breach of this agreement. I agree that if any provisions of this agreement are subsequently held to be illegal, unenforceable or void, this agreement shall continue in full force and effect without said provision or portion of provision.

In consideration of said promises, PHB agrees to permit the Individual to participate in training activities so long as it is reasonably feasible to do so and so long as it does not endanger the health, safety or welfare of the Individual or a third party. These determinations shall be entirely within the discretion of PHB. The permissions granted by PHB in this agreement may be revoked at any time by any agent of PHB. The Individual agrees that the Individual's promises contained within this document will survive any revocation or termination by PHB of this agreement. THIS RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OR RISK AGREEMENT SHALL BE BINDING ON THE INDIVIDUAL, HIS OR HER HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS.

I, the undersigned, have read and understand this agreement. I hereby acknowledge, warrant and represent that I am at least 18 years of age and legally competent to enter into this agreement and that I have signed this release as my own free act with the full understanding and knowledge of its significance.

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LEGAL SIGNATURE: \_\_\_\_\_

## Photo Release & Consent Form

I do hereby authorize Project Heartbeat, LLC - EMS Training Division, its agents, successors, assigns, subareas, subsidiaries and/or affiliates to use my photographs supplied to said organization (s) for use in Flyers, Brochures, Power Points, Educational Lectures, Websites, Social Media Sites, etc. without reservation.

Said picture(s), photograph(s) or information shall be and remain the property of Project Heartbeat, LLC, and may be used with or without using my name. I agree that I am donating this material, and that I will not be compensated. I do not expect, or require, approval of the layout or designed use of said items prior to publication.

I agree that there is no cost for me for having the(se) picture(s) submitted for possible publishing. I agree that there will be no cost to me for publication of the(se) picture(s) if, in fact, the(se) picture(s) are published.

I also agree to hold harmless, Project Heartbeat, LLC, its agents, successors, assigns, subsidiaries, subareas, and/or affiliates in the event that my pictures are not returned to me.

I hereby represent and warrant that I have not given any person or firm the exclusive right to use my name, picture or any other information. There is no other agreement between us.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(PRINT FULL LEGAL NAME)

\_\_\_\_\_  
(LEGAL SIGNATURE)

## PROMISE TO PAY AGREEMENT

STUDENT NAME: \_\_\_\_\_

By signing this Agreement I acknowledge and affirm my outstanding debt pertaining to fee of \$\_\_\_\_\_ with Project Heartbeat, LLC as of \_\_\_\_\_. (Insert Date)

By signing this Agreement, I agree to pay my outstanding debt according to the following schedule, terms, and conditions:

1. I agree and accept to pay an initial fee of \$\_\_\_\_\_. Payment due on \_\_\_\_\_.
2. I agree and accept responsibility for weekly/monthly payments of at least \$\_\_\_\_\_. Payments are due before \_\_\_\_\_ of each week/month and will continue until the account is paid in full.
3. I understand all payments are to be made payable to Project Heartbeat, LLC and mailed to:  
  
Project Heartbeat, LLC  
333 Hegenberger Road, Suite 855  
Oakland, CA 94621
4. I understand it is my responsibility to notify Project Heartbeat, LLC of any address, phone, name or email changes. Notification must be promptly made to Eric Kim at [eric@projectheartbeat.com](mailto:eric@projectheartbeat.com), phone 510.452.1100 or by mail to Project Heartbeat, LLC, 333 Hegenberger Road, Suite 855, Oakland, CA 94621
5. I understand any payment returned by my banking institution for "insufficient funds", "stop payment", "account closed" or any other reason will immediately cause the account to become delinquent and thereafter placed in a collections status which may include referral to a collection agency.
6. I understand that I may make additional payments beyond the agreed monthly payments at any time; however, I am still responsibility for continuing to make the minimum weekly/monthly payments;
7. I understand that I will not be able to take the NREMT exam or receive my certificate of completion until this debt is paid in full.

8. I further understand and agree that if I do not follow through with any portions of the above -stated schedule of payments, terms, and conditions, and/or if any installment is delinquent below ten (10 ) days, this account mat the sole option of Project Heartbeat, LLC, may declare immediately due and payable in full. I promise to pay al attorney fees and other reasonable collection cost and charges necessary for the collection of any amount not paid when due. I understand that, if my account is referred to a collection agency, the collection fee is ordinarily thirty-three and one-third percent (33 1/3%) of the total outstanding balance due, for which I will be responsible in addition to the principal debt due and payable.

I have carefully and completely read this agreement and fully understand the purpose, intent and effect of this agreement. I have voluntarily executed the agreement by action of my own free will.

Date: \_\_\_\_\_

Student Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work # : \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
(LEGAL SIGNATURE)

## DENIAL AND REVOCATION OF EMT CERTIFICATE

Dear Student

Please be advised that as a Emergency Medical Technician, a high degree of public trust will be placed on you. Because of this unique position, I must conduct myself with a high degree of responsibility and have a clean background. By signing the below listed document, I acknowledge receipt and understanding of Title 22 Section 100214.3 which encompasses Denial, Revocation of Certificate.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(PRINT FULL LEGAL NAME)

\_\_\_\_\_  
(LEGAL SIGNATURE)



§ 100214.3. Denial or Revocation of a Certificate

(a) A certifying entity, that is not a LEMSA, shall advise a certification or recertification applicant whose conduct indicates a potential for disciplinary cause, based on an investigation by the certifying entity prompt by a DOJ and/or FBI CORI, pursuant to Section 100210(a) of this Chapter, to apply to a LEMSA for certification or recertification.

(b) The medical director may deny or revoke any EMT or Advanced EMT certificate for disciplinary cause that have been investigated and verified by application of this Chapter.

(c) The medical director shall deny or revoke an EMT or Advance EMT certificate if any of the following apply to the applicant:

(1) Has committed any sexually related offenses specified under Section 290 of the Penal Code.

(2) Has been convicted of murder, attempted murder, or murder for hire.

(3) Has been convicted of two (2) or more felonies.

(4) Is on parole or probation for any felony.

(5) Has been convicted and released from incarceration for said offense during the preceding fifteen (15) years for the crime of manslaughter or involuntary manslaughter.

(6) Has been convicted and release from incarceration for said offense during the preceding ten 10 years for any offense punishable as a felony.

(7) Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to the use, sale, possession or transportation of narcotics or addictive or dangerous drugs.

(8) Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to force, threat, violence, or intimidation.

(9) Has been convicted within the preceding five (5) years of any theft related misdemeanor.

(d) The medical director may deny or revoke an EMT or Advanced EMT certificate if any of the following apply to the applicant:

(1) Has committed any act involving fraud or intentional dishonesty for personal gain within the preceding seven (7) years.

(2) Is required to register pursuant to Section 11590 of the Health and Safety Code.

(e) Subsection (a) and (b) shall not apply to convictions that have been pardoned by the Governor, and shall only apply to convictions where the applicant/certificate holder was prosecuted as an adult. Equivalent convictions from other states shall apply to the type of offense listed in (c) and (d). As used in this Section, "felony" or "offense punishable as a felony" refers to an offense for which the law prescribes imprisonment in the state prison as either an alternative or the sole penalty, regardless of the sentence the particular defendant received.

(f) This Section shall not apply to those EMT's or EMT-Its who obtain their California certificate prior to the effective date of this Section; unless:

(1) The certificate holder is convicted of any misdemeanor or felony after the effective date of this Section.

(2) The certificate holder committed any sexually related offense specified under Section 290 of the Penal Code.

(3) The certificate holder failed to disclose to the certifying entity any prior convictions when completing his/her applications for EMT or Advanced EMT certification or certifications renewal.

(g) Nothing in this Section shall negate an individuals' right to appeal a denial of an EMT or Advanced EMT certificate pursuant to this Chapter:

(h) Certification action by a medical director shall be valid statewide and honored by all certifying entities for a period of a least twelve (12) months from the effective date of the certification action. An EMT or Advance EMT whose application was denied or an EMT or Advance EMT whose certification was revoked by a medical director shall not be eligible for EMT or Advanced EMT application by any other certifying entity for a period of twelve (12) months from the effective date of the certification action. EMT's or Advanced EMT's whose certification is placed on probation must complete their probationary requirements with the LEMSA that imposed the probation.

NOTE: Authority cited: Section 1797.107, 1797.176, 1797.184 and 1798.204, Health and Safety Code; and Section 11522, Government Code. Reference: Sections 1797.61, 1797.62, 1797.118, 1797.176, 1797.202, 1798, 1798.200 and 1798.204, Health and Safety Code.

## Clinical Ride-Along and Externship

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### CLINICAL RIDE-ALONG AND EXTERNSHIP REQUIREMENT

All students must complete 24 hours of Clinical Field Training (Ride-Along). Without fulfillment of the Clinical Ride-Along Requirement, the student will not be eligible for the NREMT exam.

To fulfill the Clinical Ride-Along/Externship Requirement, students must:

1. Attend two pre-approved 12-hour or three 8-hour ride-along/Emergency Dept. Externship
2. Complete all corresponding documentation

### CLINICAL RIDE-ALONG AND EXTERNSHIP ATTENDANCE POLICY

**Absences:** Any problems with scheduling are to be addressed to the EMT Program Administrator and Lead Instructor immediately. Students are expected to attend all scheduled clinical rotations. If a scheduled clinical is missed without notification 24 hours prior to the scheduled rotation, the student will be counted absent.

**Excused absences:** Illness, family, or employment emergencies must be explained in writing to the EMT Program Administrator and Lead Instructor within 72 hours of the missed clinical. A decision will be made concerning the excused absence and reported to the student.

**Unexcused absence:** Students must adhere to assigned ride-along dates, which are scheduled in accordance with the students' Ride-Along Availability Form. Students are required to arrive at least 15 minutes early to Ride-Along, or risk being left behind. Missed Ride-Along count as 12 hours of absence.

**Leaving:** Leaving the clinical site without prior notification to the preceptor will result in an unexcused absence resulting in probation.

**Lack of Concern for Training:** The student who demonstrates a lack of appropriate concern for training may be sent home by the preceptor with an unexcused absence. This includes, but is not limited to sleeping in class/clinical or showing up to class/clinical unprepared.

## CLINICAL RIDE-ALONG AND EXTERNSHIP DOCUMENTATION

Project Heartbeat will provide the students with ride-along, pending completion of required documentation:

1. Ride-Along Availability Form (*included within this Enrollment Agreement*)
2. Applicable Ambulance Waivers (*included within this Enrollment Agreement & assigned hereafter*)

The Ride-Along are not considered complete without the following documents, to be provided to the EMT Instructor no more than 72 hours after each Ride-Along:

1. Preceptor Continued Education (CE) Form
2. Field Internship Evaluation Form All documents must be filled out clearly and thoroughly in order to get credit.

*I agree to the terms of the above Clinical Ride-Along Requirements:* \_\_\_\_\_ (Student Initials)

## **EXTERNSHIP EXPECTATIONS**

Congratulations on completing Project Heartbeat's EMT program! Listed below are guidelines to prepare you for your EMT externships.

Once you have completed the course and have turned everything in, Project Heartbeat will be contacting you by email to set up your externships. Please be patient. Project Heartbeat strives to place students in their externships as soon as possible, but based on the hospital and ambulance company availabilities, it may take a few weeks to set up your externships.

## **CLEARED FOR EXTERNSHIPS**

In order to be cleared for your externships, the following items must be completed within 30 days from the last day of class:

- Successfully completed the entire Project Heartbeat EMT program
- No past due payments on account
- Proof of all required immunizations and physical have been turned into Project Heartbeat
- Drug screen has been done

## **HOW ARE EXTERNSHIPS ASSIGNED**

**Emergency Department:** Students will be assigned to contracted hospitals including but not limited to: Sequoia Hospital (Redwood City), Eden Medical Center (Castro Valley), Alta Bates Hospital (Berkeley), Summit Medical Center (Oakland), or Highland Hospital (Oakland). This is solely based on the hospitals availabilities.

**Ambulance Companies:** Ride-along placement is based on student grades, professionalism, personal interests of the student, and instructor recommendations.

## **HOW LONG ARE EXTERNSHIPS**

- **Emergency Room:** You will be required to complete 1 rotation that will be approximately 8-12 hours.
- **Ride-Along:** One ride-along is required and will be 12 hours. Be advised that ambulance crews may be held over their scheduled time. If this occurs, you will have to remain with the crew until

- their shift is complete.

### **ARRIVAL TIME**

- In case you get lost or if there is traffic, plan on being at your externship site 30 minutes prior to your scheduled externship time. **DO NOT BE LATE!**
- Look up directions prior to your scheduled externship date

### **WHAT TO BRING**

- The same rules and requirements regarding uniform and appearance that were enforced while you were in class at Project Heartbeat apply to your externships.
- Wear your Project Heartbeat EMT uniform (uniform must be clean and ironed): Light blue shirt with Project Heartbeat patch, Navy blue cargo pants, Navy blue t-shirt, Name tag, Project Heartbeat badge, Black basket weave belt, Black safety boots that are clean and polished. A plain (no large logos or graphics) blue or black hoodless jacket may be worn, Arm tattoos must be covered
- If you have shoulder length hair, it must be put in a pony tail
- No facial hair (shave the morning before your externship/no stubble)
- Pack a meal and snacks for your ride-alongs (you may not have time to stop for food/drinks)
- You may want to bring some cash in case you need to buy food/drinks
- Equipment:
  1. P100 mask: If you are doing your ride-along with Paramedics Plus or King American, Project Heartbeat will contact you prior to your ride-along to schedule you for a fit testing for your P100 mask.
  2. Pen light
  3. Stethoscope
  4. Blood pressure cuff
  5. Blue or black pen
  6. Something to write on
  7. Paperwork/PCRs
  8. Evaluation forms

## WHAT TO EXPECT

Externships are a great time to learn and ask questions (when appropriate) so make sure you are prepared by reviewing your text book and be sure to practice your assessments. Also be prepared to take vitals.

### **Clinical (Emergency Room)**

You will shadow a nurse as they treat patients. Ask the person who you are shadowing what they would like for you to do.

Here is a list of some items that you may be assisting with:

- Vitals
- CPR
- Assist with moving patients
- Connecting ECG leads on the patient o Assist with cleaning the rooms and equipment

### **Ride-Along (Ambulance)**

When you arrive at the ambulance company, you will be assigned to an ambulance crew. Depending on the ambulance company, you may be assigned to a Paramedic and an EMT, two Paramedics, or two EMTs.

Possible tasks you may be given:

- Vitals
- Placing the patient on O2
- CPR
- Assist with the patient assessment
- Assist with moving the patient
- Assist with cleaning the ambulance and equipment

### **Externship Dos and Don'ts**

Dos:

- Do... hand washing, hand washing, hand washing!!!!
- Do... ask questions when appropriate
- Do... help out with cleaning
- Do..... have a positive attitude

- Do.... smile
- Do.... enjoy your externships
- Do.... think about safety

Don't s:

- Don't... be late
- Don't... sit around, there is always something to do
- Don't... watch TV if you are at the fire station
- Don't... sit on the lazy boy chairs at the fire station

## **REQUIRED PAPERWORK**

Be sure that you complete all required paper work and don't forget to get the required names and signatures for all applicable forms.

List of required forms:

- Externship Requirements Checklist
- Externship Time Log

Emergency Department:

- Clinical Patient Contact Log (be sure to log all of your contacts)
- Patient Care Report (PCRs for the ED are required)
- Evaluation Form of Student
- Evaluation Form of Clinical and Field Experience

Ambulance Ride-Along:

- Ride-Along Student Agreement
- Field Patient Contact Log (be sure to log all of your contacts)
- Patient Care Report (PCRs for the ride along are required)
- Evaluation Form of Student
- Evaluation Form of Clinical and Field Experience

● There is a minimum of 10 patient contacts (combined total: Emergency Department & ride- along) for your externships, so be sure to list all of your patient contacts on the Patient Contact Logs.



## **WHAT TO DO AFTER YOU HAVE COMPLETED YOUR EXTERNSHIP**

Once you have completed all of your externships, complete all of the required forms and give to the Program Director. Turn in all of your externship paperwork together. Original copies of the completed forms may also be physically mailed to Project Heartbeat. Always make copies of all paperwork; you are responsible for any forms lost in the mail.

After all of your paper work has been submitted, it will be reviewed to verify it is complete. Once verified that your paperwork is complete and you have passed the JB Learning Test Prep Final Examination with a minimum score of 80%, you will be cleared to take the NREMT written exam. This process may take 1-2 weeks from the date the paper work was submitted to Project Heartbeat.

## **RESCHEDULING AND QUESTIONS**

If you have any questions regarding your externships or have to reschedule an externship, please contact the EMT Program Director at Project Heartbeat. **DO NOT** contact the externship site. If you need to reschedule an externship, please give at least a 48 business hour notice. Failure to reschedule with Project Heartbeat prior to your externship may result in additional fees to retake the externship hours.

## **PROJECT HEARTBEAT CONTACT LIST**

Allan Bulda  
EMT Program Coordinator  
[Allan@projectheartbeat.com](mailto:Allan@projectheartbeat.com)  
510-452-1100 ext. 0

## **EXTERNSHIP LOCATIONS**

### **Emergency Departments:**

Sequoia Hospital  
170 Alameda De Las Pulgas  
Redwood City, CA 94062

Eden Medical Center  
20103 Lake Chabot Rd  
Castro Valley, CA 94546

Alta Bates Medical Center  
2450 Ashby Ave  
Berkeley, CA 94705

Summit Medical Center  
350 Hawthorne Ave  
Oakland, CA 94609

Highland Hospital  
1411 E 31<sup>st</sup> St.  
Oakland, CA 94602

**Ambulance Companies:**

Falcon  
3508 San Pablo Dam Rd  
El Sobrante, CA 94803

Norcal Ambulance  
6761 Sierra Ct, Suite G  
Dublin, CA 94568

Paramedics Plus  
575 Marina Blvd  
San Leandro, CA 94577

**RIDE ALONG AVAILABILITY FORM**

Students are required to complete a minimum of 24 clinical hours, which will be fulfilled through two twelve-hour ride-along shifts. This form is to assist students with scheduling clinical opportunities during the EMT Program.

The signee agrees to maintain the scheduling agreement in accordance with the program's attendance policy.

Please Note:

1. **Availability dates cannot conflict with EMT class time**
2. **Availability dates must be adhered to (no rescheduling)**
3. **Ride-Along may only take place between Week 6 and Week 10 of the full time program or week 3-5 of the part time program**
4. **Make sure you provide some weekday availability as weekends fill up quickly**

**Please provide five dates of availability between week 6 and week 10 of your part time program (or week 3 to week 5 of your full time program):**

Availability for 12 hour ride along #1: \_\_\_\_\_

Availability for 12 hours Emergency Dept. Clinical or Ride Along #2: \_\_\_\_\_

Availability for 12 hours Emergency Dept. Clinical or Ride Along #3: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_