

**Northwest Community Healthcare Paramedic Program
EMS 215 FIELD INTERNSHIP COMPLETION CHECKLIST - 2024**

Name (print):	EMS agency:
Phone #:	e-mail:
Date submitted:	[<input type="checkbox"/>] Incomplete Date: _____ [<input type="checkbox"/>] Approved Date: _____

Orientation	In packet/file
Orientation form complete; all initials/signatures present	
Completed ambulance inventory form (Drug & Supply List)	

PHASE I: Team member	In packet/file
Phase I Progress Report/Evaluation w/ all signatures	
Minimum of 10 approved ALS calls: Critique forms and blinded ePCRs (PHI redacted and completed by student) + drug cards. Includes at least one run from each category: respiratory, cardiac, medical, and trauma with ECG strips and EtCO₂ tracings attached if applicable.	
PCRs for actual or simulated calls covering the situations below: Enter simulated calls electronically as training runs.	
ALS adult refusal <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #:	
BHE w/ sedation & restraint <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #:	
Relinquished newborn <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #:	
Child abuse w/ DCFS report <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #:	
Critical peds trauma pt <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #:	
Hours log	

PHASE II: CAPSTONE EXPERIENCE - Team Leader	In packet/file
Phase II Progress Report/Evaluation w/ all signatures	
Minimum 20 approved calls (15 ALS) where student was the team leader: Critique forms and blinded ePCRs (PHI redacted and completed by student) + drug cards. Includes at least one run from each category: respiratory, cardiac, medical, and trauma with ECG strips and EtCO₂ tracings attached if applicable.	
PCRs for actual or simulated calls covering the situations below: Enter simulated calls electronically as training runs.	
Adult trauma transport to Level I <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #:	
Override <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #:	
Pt w/ POLST form; pulse present <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #:	
Significant exposure (needle stick) <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #:	
Hours log	
Completed Performance Improvement Plans if applicable	

Summative Field Capstone Evaluation w/ all signatures	
Platinum final report of patient care contacts and skill performance completed (from Bill T.)	