

Peoria Area EMS System
EMT I/P Student Field Internship
END OF PHASE THREE: FINAL STATUS REPORT

STUDENT NAME (print): _____ INTERNSHIP LEVEL: _____ Intermediate _____ Paramedic
 COURSE START DATE: _____ END DATE DIDACTIC: _____ DATE ALL CLINICAL & INTERNSHIP MUST BE COMPLETED: _____
 COURSE COORDINATOR (print): _____ COURSE LOCATION : _____

FIELD CLINICAL SITE <small>Completed 6 mos. from final didactic</small>	HOURS to DATE <small>240 min (EMT-I) 260 min (EMT-P)</small>	% of ride-time
Advanced Med. Transport		_____ %
East Peoria Fire Dept.		_____ %
Fulton County EMA		_____ %
Peoria Heights Fire Dept.		_____ %
Washington Fire Dept.		_____ %
TOTAL HOURS		100 %

HOSPITAL CLINICAL SITE	HOURS to DATE
ED – 48 hrs min. (EMT-I) 30 hrs min. (EMT-P) (B-P) 120 hrs	
OR – 5 successful intubations (EMT-I) 3 successful intubations (EMT-P) (B-P) 8	
CCU – 16 hrs (EMT-P)	
Pulmonary – 8 hrs (EMT-P)	
L & D – 3 Live Births(EMT-P)	
PEDS – 8 hrs min (EMT-P)	

SKILLS PERFORMED	TOTAL #		TYPES OF CALLS	# of CALLS	Certifications (attach copies)
	OR: Success vs Attempts _____/_____ Success: _____ Attempts: _____ Percent: _____ % (min 65%)	Field: Success vs Attempts _____/_____ Success: _____ Attempts: _____ Percent: _____ % (min 65%)			
Endotracheal Intubations (5 min)			Abdominal		CPR exp:
IV Therapy ED (15 min)			Altered LOC		ITLS exp:
IV Therapy FIELD (10 min)			Behavioral		PEPP exp:
Drug Admin/Meds 15 min. (10-IV)	Total Meds:	Total IV Meds:	Arrest/Cardiac/Resp		ACLS exp:
Participate In Care (Field)	EMT- I (min. 40 Adult Pts) Min. # Req Total #		EMT-P (min. 50 Adult Pts) Min. # Req Total #		
	25 ALS		35 ALS		Protocol score Test #1:
	15 BLS		15 BLS		Protocol score Test #2:
	5 PEDS		5 PEDS		Protocol score Test #3:
Team Leader (Field)	EMT- I (min. 5 ALS, 10 BLS)		EMT-P (min. 10 ALS, 10 BLS)		
Charged Calls	ALS = _____		ALS = _____		
	BLS = _____		BLS = _____		
EKG/Monitoring	ECG: _____		12-lead: _____		
Arrest Management	Medical: _____		Trauma: _____		
Radio Call-Ins	Telemetry: _____		MERC: _____		
			TOTAL CALLS		

Student Signature

Course Coordinator Signature

Date of Medical Director Final Meeting