

**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.		_____ %
<b>TOTAL HOURS</b>		<b>100 %</b>

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

SKILLS PERFORMED	TOTAL #		TYPES OF CALLS	# of CALLS	Certifications (attach copies)
	OR: Success vs Attempts _____/_____ Success:	Field: Success vs Attempts _____/_____ 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)	<b>EMT- I</b> (min. 40 Adult Pts) Min. # Req Total #		<b>EMT-P</b> (min. 50 Adult Pts) Min. # Req Total #		
	25 ALS	35 ALS	DAS		Protocol score Test #1:
	15 BLS	15 BLS	Medical – Other		Protocol score Test #2:
	5 PEDS	5 PEDS	OB/GYN		Protocol score Test #3:
Team Leader (Field)	<b>EMT- I</b> (min. 5 ALS, 10 BLS)		<b>EMT-P</b> (min. 10 ALS, 10 BLS)		
Charged Calls	ALS =	ALS =	Pediatrics		
	BLS =	BLS =	Refusals		
EKG/Monitoring	ECG:	12-lead:	Seizures		
Arrest Management	Medical:	Trauma:	Trauma - ALS		
Radio Call-Ins	Telemetry:	MERCI:	Trauma – BLS		
			<b>TOTAL CALLS</b>		

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Course Coordinator Signature

\_\_\_\_\_  
Date of Medical Director Final Meeting