Peoria Area EMS System
Student Field Internship Progress Report

Phase Two: Team Member

Student Name (print): _____ **Internship Level:** ___ **Intermediate** ___ **Paramedic**

DATE	TIME IN/TIME OUT	CUMULATIVE HOURS	AGENCY	FTI - SIGNATURE

Phase Two: Team Member (continued)

DATE	TIME IN/TIME OUT	CUMULATIVE HOURS	AGENCY	FTI - SIGNATURE