

**Emergency Medical Technician –Paramedic Student Intern
Field Internship Completion Record**

This form must be returned to the EMS Agency upon your internship completion.

Student Intern: _____

In order to complete your internship you must complete the following orientation under the direction of a Cuesta approved preceptor or other EMS Agency designated individual.

- A. () Review of the San Luis Obispo County EMS design and structure.
- B. () Review of the San Luis Obispo County Policies and Procedures.
- C. () **Prior to completion of field internship** demonstration of all San Luis Obispo county scope of practice skills and procedures

<u>Expanded Scope</u>	<u>Proficient</u>
1) Intraosseous infusion	_____
2) 12 lead	_____
3) CPAP	_____

- D. () Successful completion of San Luis Obispo County accreditation exam with a score of 80% or better. **Preceptor to fax exam answer sheet to EMS Agency 788-2517**

I hereby certify that I have reviewed and understand the San Luis Obispo County EMS system, policies and procedures.

Student Signature: _____ Date: _____

I hereby certify that the applicant named above has reviewed and understands the San Luis Obispo County EMS system, policies and procedures and has successfully completed a field internship.

Completion Date: _____

Preceptor: _____
Print

Preceptor: _____
Signature