

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

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

- D. () Successful completion of the County of San Luis Obispo 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 County of San Luis Obispo EMS system, policies and procedures.

Student Signature: _____ Date: _____

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

Completion Date: _____

Preceptor: _____
Print

Preceptor: _____
Signature