

**Emergency Medical Technician –Paramedic Accreditation
Field Evaluation Completion Record**

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

Paramedic Name: _____

Prior to accreditation in San Luis Obispo County, a paramedic must complete the following orientation under the direction of a Field Training Officer 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 accreditation evaluation, demonstration of all San Luis Obispo County scope of practice skills and procedures

Expanded Scope

- 1) Intraosseous infusion
- 2) 12 lead
- 3) CPAP

Proficient

- D. () A supervised field evaluation consisting of:
 - 1. Ten (10) ALS patient contacts if the paramedic has been licensed for less than one year, or
 - 2. A minimum of five (5) ALS patient contacts, if paramedic has been licensed for more than one year
- E. () Successful completion of the San Luis Obispo County accreditation exam with a score of 80% or better. **FTO 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.

Paramedic Signature: _____ Date: _____

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

Completion Date: _____

FTO/Preceptor Name: _____
Print

FTO/PreceptorName: _____
Signature