

**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 the County of San Luis Obispo, 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 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 accreditation evaluation, 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. () 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 County of San Luis Obispo 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 County of San Luis Obispo EMS system, policies and procedures.

Paramedic Signature: _____ Date: _____

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

Completion Date: _____

FTO/Preceptor Name: _____
Print

FTO/PreceptorName: _____
Signature