

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

**This form must be returned to the EMS Agency upon your internship completion.**  
**ph\_emsa@co.slo.ca.us**

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

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

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

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