



Putnam County Bureau Of Emergency Services



EMS TRAINING PROGRAM

STUDENT RECORD OF CLINICAL TRAINING

STUDENT LAST NAME	STUDENT FIRST NAME	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF TRAINING	COURSE NUMBER	COURSE NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

START TIME	END TIME	TOTAL HOURS	LOCATION OF CLINICAL TOUR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE OF CLINICAL ROTATION

CHECK ONE

EMERGENCY ROOM OBSERVATION

ALS RIDE ALONG

I V STARTS

INTUBATION / OPERATING ROOM OBSERVATION

AUTOPSY OBSERVATION

OTHER

EMS SKILLS OBSERVED / PERFORMED

OBS	PER	OBS = OBSERVED	PER = PERFORMED	OBS	PER	OBS = OBSERVED	PER = PERFORMED
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

A L S SKILLS *THESE SKILLS MAY ONLY BE PERFORMED BY STUDENTS ENROLLED IN AN A L S COURSE*

NUMBER OF SUCCESSFUL I V STARTS **NUMBER OF SUCCESSFUL INTUBATIONS**

STUDENT EVALUATION OF CLINICAL EXPERIENCE

YES	NO	QUESTIONS	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	DID STAFF KEEP YOU INVOLVED IN PATIENT CARE	
<input type="checkbox"/>	<input type="checkbox"/>	WAS THE STAFF PREPARED FOR YOUR ARRIVAL?	
<input type="checkbox"/>	<input type="checkbox"/>	WERE THE NUMBER OF HOURS YOU SPENT TODAY APPROPRIATE	
<input type="checkbox"/>	<input type="checkbox"/>	WERE YOU SATISFIED WITH THIS CLINICAL EXPERIENCE	

PRECEPTOR EVALUATION (TO BE COMPLETED BY CLINICAL PRECEPTOR)

PRECEPTOR NAME (PLEASE PRINT)	TITLE	DATE	TIME IN	TIME OUT	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	DID STUDENT ARRIVE AT SCHEDULED TIME			COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	DID STUDENT DRESS APPROPRIATELY			
<input type="checkbox"/>	<input type="checkbox"/>	WAS STUDENT'S SKILL LEVEL APPROPRIATE			
<input type="checkbox"/>	<input type="checkbox"/>	WAS STUDENT ACTIVE DURING ENTIRE TIME			

FURTHER COMMENTS CAN BE ADDRESSED TO: BOB CUOMO / TOM LANNON, COURSE INSTRUCTORS, PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES 40 GLENEIDA AVE., CARMEL NY 10512, (914) 228 - 1510, OR CALL INSTRUCTOR LANNON AT (914) 278 - 9539

PRECEPTOR'S SIGNATURE _____