

**MCC/MWLC EMS
Field Experience Verification Sheet**

Student Name: _____ Preceptor Name: _____ Date: _____

Department: _____

Shift Start Time: _____ Shift End Time: _____ Number of hours: _____

Student: Fill out this form as completely as possible and have your preceptor sign it on the day of your shift. This includes call back shifts.

Run #	Field Impression	Total Minutes of Pt Contact	Age	Sex	Medical Assessment	Trauma Assessment	Rhythm Interp	IV Successful	IV Unsuccessful	IO	PO/SL Meds	IV/O Meds	IN Meds	IM Meds	HHN	C-PAP	ET Intubation	King Tube	Suction	Spinal Immob	Hemorrhage Control	Splinting	Needle Decompress	Pacing	Defibrillation	Sync Cardiovert	CPR	Radio Report	Written Report	Team Leader	

Grading Scale:

- 4 = Exceptional (performed above expectations and course knowledge)
- 3 = Appropriate for experience level (functioning at the expected level in the program)
- 2 = Need for moderate improvement (needs further education and practice to improve)
- 1 = Need significant improvement (needs intensive assistance and education to improve)

Preceptor: Please rate any skills performed on the call using the scale above.

I have reviewed the information above and believe it is accurate:

Preceptor Signature: _____ **Date:** _____