

MASSACHUSETTS EMT-PARAMEDIC CLINICAL TIME LOG DOCUMENTATION

Student Name: _____ EMT# _____

CLINICAL INTERNSHIP TIME LOG

NOTE: Each skill performed must have a corresponding date on the time log.

	Date	Time	#hrs	Clinical Training Site	Location	Preceptor Signature	Title
sample	05/25/04	7A-7P	12	County Trauma Center	ED	Kabrina Brooks, RN	RN
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I attest the information listed above is a true and accurate record to the best of my knowledge.

Signature of the Program Clinical Coordinator

Date

