

MASSACHUSETTS EMT-PARAMEDIC CLINICAL INTERNSHIP SKILL DOCUMENTATION

Student Name: _____ EMT# _____

ENDOTRACHEAL INTUBATION
OEMS minimum requirement is ten (10).

	Date	Age/Sex	ET Size / Method / Blade Type	Location	Preceptor Signature	Title
sample	03/07/04	63/ M	8.0 mm - Oral - Curved Blade	OR	<i>James Hills, M.D.</i>	MD
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

OBSTETRICAL DELIVERIES
OEMS minimum requirement is three (3).

	Date	Age/Sex	Type Childbirth / Gender / WT	Location	Preceptor Signature	Title
sample	09/09/03	31/ F	Vaginal Delivery Male 9 lb, 2 oz	OBGYN	<i>Janet Gleason, RN</i>	RN
1.						
2.						
3.						
4.						
5.						

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

