

MASSACHUSETTS EMT-PARAMEDIC CLINICAL INTERNSHIP SKILL DOCUMENTATION

Student Name: _____ EMT# _____

ELECTRICAL THERAPY SKILL COMBINATIONS
 (Defibrillation, Synchronized Cardioversion or Transcutaneous Cardiac Pacing)
 OEMS minimum requirement is ten (10)

	Date	Age/Sex	Method of Electrical Therapy	Location	Preceptor Signature	Title
sample	03/07/04	69/ M	Defibrillation of V-Fib @ 200-360J	ED	Samantha Shock, MD	MD
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15.						

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

