

MASSACHUSETTS EMT-PARAMEDIC CLINICAL INTERNSHIP SKILL DOCUMENTATION

Student Name: _____ EMT# _____

MISCELLANEOUS CLINICAL SKILL DOCUMENTATION

	Date	Age/Sex	Skill Description	Location	Preceptor Signature	Title
sample	05/25/04	26/ F	20 ga. NS Left Forearm	ED	Dennis Goodwin, MD	MD
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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

