



MASSACHUSETTS EMT-PARAMEDIC FIELD INTERNSHIP TIME LOG DOCUMENTATION

Student Name: _____ EMT# _____ OEMS Approval # _____

FIELD INTERNSHIP TIME LOG
Minimum Requirement is 200 hours
Each skill performed must have a corresponding date on the time log

	Date	Time	#hrs	Field Internship Site	Preceptor Signature	EMT-I/P #
sample	06/01/10	7A-7P	12	Sunlight Ambulance Service		546573
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19.						
20.						
	TOTAL	HRS				

I attest the information listed above is a true and accurate record to the best of my knowledge.

Signature of the Program Field Coordinator

Date



MASSACHUSETTS EMT-PARAMEDIC FIELD INTERNSHIP TIME LOG DOCUMENTATION

Student Name: _____ EMT# _____ OEMS Approval # _____

FIELD INTERNSHIP TIME LOG
*** On Duty ***
Each skill performed must have a corresponding date on the time log

	Date	Time	#hrs	Field Internship Site	Preceptor Signature	EMT-I/P #
sample	06/01/10	7A-7P	12	Sunlight Ambulance Service		546573
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16.						
17.						
18.						
19.						
20.						
	TOTAL	HRS				

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Signature of the Program Field Coordinator

Date



MASSACHUSETTS EMT-PARAMEDIC FIELD INTERNSHIP SKILL DOCUMENTATION

Student Name: _____ EMT# _____ OEMS Approval # _____

PATIENT ASSESSMENTS
Adult or Pediatric
 Point Value per skill: one (1) point. Maximum skills allowed for points is twenty (20) This skill also requires a written report

	Date	Age/Sex	Chief Complaint	Preceptor Signature	EMTP #	SARF #	
sample	06/01/10	21/M	Chest Pain	<i>Susan Smith, EMT-P</i>	0000123	999999	
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 Signature of the Program Field Coordinator

 Date



MASSACHUSETTS EMT-PARAMEDIC FIELD INTERNSHIP SKILL DOCUMENTATION

Student Name: _____ EMT# _____

INTRAVENOUS LINE (IV) CANNULATION
 Point Value per skill: two (2) points Maximum skills allowed for points is eight (8) (Max. 16 points)

	Date	Age/Sex	IV ga. / Solution / Location	Preceptor Signature	EMTP #	SARF#
sample	06/01/10	23/ F	18 ga. D5W Right A/C	<i>Susan Smith, EMT-P</i>		999999
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22.						

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Signature of the Program Field Coordinator

Date



MASSACHUSETTS EMT-PARAMEDIC FIELD INTERNSHIP SKILL DOCUMENTATION

Student Name: _____ EMT# _____

ENDOTRACHEAL INTUBATION
(Oral, Nasal or Digital)
 Point Value per skill twenty (20) Maximum skills allowed for points is one (1) (Max. 20 points)

	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		MD
1.						
2.						

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 Signature of the Program Field Coordinator Date

MASSACHUSETTS EMT-PARAMEDIC FIELD INTERNSHIP SKILL DOCUMENTATION

Student Name: _____ EMT# _____ Course Approval # _____

ELECTRICAL THERAPY SKILL COMBINATIONS
(Defibrillation, Synchronized Cardioversion or Transcutaneous Cardiac Pacing)
 Point Value per skill: twenty (20) Maximum skills allowed for points is one (1) (Max. 20 points)

	Date	Age/Sex	Method of Electrical Therapy	Preceptor Signature	EMT-P #	SARF#
sample	06/01/10	69/ M	Defibrillation of V-Fib @ 200	<i>Susan Smith, EMT-P</i>		999999
1.						
2.						

I attest the information listed above is a true and accurate record to the best of my knowledge.

 Signature of the Program Field Coordinator Date



MASSACHUSETTS EMT-PARAMEDIC FIELD INTERNSHIP SKILL DOCUMENTATION

Student Name: _____ EMT# _____

CARDIAC EKG RECOGNITION / INTERPRETATION
 Point Value per skill: two (2) Maximum skills allowed for points is seven (7) (Max. 14 points)

	Date	Age/Sex	EKG Interpretation	Preceptor Signature	EMT-P#	SARF#
sample	06/01/10	52/M	Ventricular Tachycardia	<i>Sally Smith, EMT-P</i>		999999
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Signature of the Program Field Coordinator

Date



MASSACHUSETTS EMT-PARAMEDIC FIELD INTERNSHIP SKILL DOCUMENTATION

Student Name: _____ EMT# _____ OEMS Course Approval # _____

IV BOLUS MEDICATION ADMINISTRATION
 Point Value per skill: five (5) points Maximum skills allowed for points is four (4) (Max. 20 points)

	Date	Age/Sex	IV Bolus Medication	Preceptor Signature	EMT-P #	SARF#
sample	06/01/10	27/ F	50% Dextrose - 25 grams - IVP	<i>Susan Smith, EMT-P</i>		999999
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6.						

IV INFUSION MEDICATION ADMINISTRATION
 Point Value per Skill: five (5) points Maximum skills allowed for points is two (2) (Max. 10 points)

	Date	Age/Sex	Medication Mixture / Rate	Preceptor Signature	EMT-P #	SARF#
sample	06/01/10	38/ M	Albuterol via nebulizer	<i>Susan Smith, EMT-P</i>		999999
1.						
2.						
3.						
4.						

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 Signature of the Program Field Coordinator

 Date



MASSACHUSETTS EMT-PARAMEDIC FIELD INTERNSHIP SKILL DOCUMENTATION

Student Name: _____ **EMT#** _____

MISCELLANEOUS MEDICATION ADMINISTRATION
(ET Tube, Inhalation, Nebulizer, IM, SC, Oral, Rectal or Transderm/Topical)
 Point Value per skill: five (5) points Maximum skills allowed for points is three (3) (Max. 15 points)

	Date	Age/Sex	Medication /Route of Administration	Location	Preceptor Signature	Title
sample	07/22/04	37/ M	Albulerol via nebulizer	ED		RN
1.						
2.						
3.						
4.						

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 Signature of the Program Field Coordinator / Medical Director

 Date



MASSACHUSETTS EMT-PARAMEDIC FIELD INTERNSHIP SKILL DOCUMENTATION SUMMARY LOG

Student Name: _____ **EMT#** _____

EMT-P Training Institution: _____

OEMS Program Approval # _____

CLINICAL: start date: _____ **end date:** _____ **total hours:** _____

Paramedic Field Internship Skills Documented

Patient Assessment/adult (minimum 20)	_____	_____ at 1 point each = _____
IV Cannulation (minimum 8)	_____	_____ at 2 points each = _____
Endotracheal Intubation (minimum 1)	_____	_____ at 20 points each = _____
Electrical Therapy (skill combinations) (minimum 1)	_____	_____ at 20 points each = _____
• Defibrillations	_____	
• Synchronized Cardioversions	_____	
• Transcutaneous Cardiac Pacing	_____	
Cardiac EKG Recognition / Interpretation (minimum 7)	_____	_____ at 2 points each = _____
IV Medication Bolus (minimum 4)	_____	_____ at 5 points each = _____
IV Medication Infusion (minimum 2)	_____	_____ at 5 points each = _____
Miscellaneous Medication Administration (maximum 3)	_____	_____ at 5 points each = _____
Miscellaneous Medication Administration (minimum 5)	_____	_____ (overall total)
• Endotracheal Tube	_____	
• Inhalation	_____	
• Injection-Intramuscular (IM)	_____	
• Subcutaneous (SC)	_____	
• Oral (including sublingual tablets/spray)	_____	
• Rectal	_____	
• Transderm/Topical	_____	
Minimum 80 hours completed	_____	
Minimum 100 points documented	_____	
Skill Competency Documented	_____	check (✓) <input type="checkbox"/> yes <input type="checkbox"/> no

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Signature of the Program Field Coordinator

Date