Have one of these surveys completed by each affiliated site utilized for field rotations.

Name of Institution:

Address of Institution:

CAO:      Phone:

|  |  |
| --- | --- |
| # Runs per year for service |  |
| # Active EMS units (excluding backups) |  |
| # Cardiac arrests per year for service |  |
| # Trauma calls per year for service |  |
| # Critical trauma calls per year for service |  |
| # Pediatric call per year for service |  |
| # Cardiac calls (less cardiac arrest) per year for service |  |
| # Shifts per student |  |
| Average # Runs per shift for a student |  |
| Hours per shift |  |

|  |  |
| --- | --- |
| Are there signed affiliation agreements with this EMS service? | Yes No |
| Are there written policies as to what a student may do? | Yes No |
| Are hours the preceptors formally trained?  If yes, how many hours? | Yes No |
| Is there on-line medical direction for this service? | Yes No |
| Does this service provide Advanced Life Support? | Yes No |
| Is there a quality improvement program that reviews runs? | Yes No |

CAO or Designate Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_