Western Virginia EMS Council

Patrick County EMT-Enhanced Pilot Course

Field Preceptorship Documentation Form

Student Name:_____
SSN:_____

Course #:2773- Course Level: EMT-Enhanced **PILOT**

This form must be completed in full for each field preceptorship rotation attended. If not completed, including the signature of an approved preceptor, the hours, skills and patient contacts will not be credited!

Agency/Unit #	Date	Time In	Time Out	Hours	Preceptor Signature

Sample

ALL ATTENDANT IN CHARGE RUNS MUST BE COMPLETED BY

JUNE 7, 2001