			CALIFOR	NIA PARAM	EDIC F	IEL	D INT	ERN:	SHIP	DAIL'	Y PER	RFORMANCE REC	CORD		
INTERN			DATE			P	ARAME	EDIC PI	PROGRAM				INTERNING AGENCY/STATION		
TIME SHIFT# IN: OUT: #HRS.			#HRS.		PRECEPTOR (1):							PRECEPTOR (2):			
DIRECTIONS: Sections are to be preceptors in each applicable category	oe comp ory. Con	pleted by the inter	n. Each run must be runs should be made	rated by the intern an	d rovided.			R/	ATING:	1- Fai	ils to Pe	erform 2 – Boro	derline-inconsisten	t 3 - Competent	
Patient Information : Age / Chief Complaint	Team lead	(note "FCC" n	Treatment Rend Skills perform neans <u>FULL CON</u> by paramedic inter- ment throught hosp	ed <u>TINUUM OF CARE</u> n: scene / initial	ALS Patient Contact #		S cene Management	Assessment/TX	Communication	Leadership	Treatment S kills		СОММ		
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Plan for improvement:															
Intern's action for impro	vem	ent:													
PRECEPTOR SIGNATURE CERT. #					#			PREC	EPTO	R SIG	NATURE		CERT.#		
INTERN SIGNATURE AGENCY / REP. SIGNATURE															

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				CALIFORNIA PAR	AMED	IC	FIELD	INTE	ERNS	HIP D	AILY	PERFORMANCE	RECORD	
INTERN		DATE			P	AR AME	DIC PF	ROGRA	AM			INTERNING AGENCY / STATION		
SHIFT # TIME IN: OUT:			#HRS.		PRECEPTOR (1):							PRECEPTOR (2):		
DIRECTIONS: Sections are to preceptors in each applicable cate	be con gory. Co	mpleted by the inte omments regarding	rn. Each run g runs should	must be rated by the intern and be made in comments area pro	d ovided.			R ATI	ING: 1	- Fails	to Perfo	orm 2 – Borde	rline-inconsistent	3 - Competent
Patient Information : Age / Chief Complaint	Team Lead	(note "FCC" n	Skills pe neans <u>FULL</u> by paramed	R endered erformed . <u>CONTINUUM OF CARE</u> ic intern: scene / initial ht hospital turnover)	ALS Patient Contact #		S cene Management	AssessmentTX	Communication	Leadership	Treatment Skills		C O MME N	rs
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