## Northwest Community EMS System ECRN Field Experience Verification Form - 2023

Name:		Date:	
Hospital:		EMS Agency:	
Time in:	Preceptor Initials:	Time out:	Preceptor Initials:

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Time	i. Preceptor initials.	Fire out. Preceptor initials:		
1. a 2. e 3. d 4. ic 5. p ir tc 6. e	entify the environmental and stress factors indigenous articipate in at least one ALS call in which the nurse	in the emergency medical team. ow a duty to care for patients is established. It's, peers, law enforcement agencies, and hospital personnel. is to EMS care. e is able to observe access to a patient, initial assessment, ALication with a System hospital via radio/phone, safe transportatio to hospital staff.		
Number	ALS Runs:	Number BLS Runs:		
Patient profiles				
Age	Nature of Illness/Injury	Interventions:		
Brief	summary of learning experience by the ECRN	I candidate:		
Prece	otor comments:			