

Northwest Community Healthcare Paramedic Program FIELD INTERNSHIP HOUR LOG

Student name:				EMS Provider:	
Date	Vehicle assignment	Time in	Time out	# Hours	Preceptor signature
Phase of internship		1	2	Total hours:	

Primary preceptor	Name:	Signature:
Secondary preceptor	Name:	Signature:

Directions: Complete a separate hour log for each phase of the internship (circle the appropriate phase).

- "Date" column indicates the date on which the shift begins; 24 hour shifts will be reflected in the # hours column.
- The vehicle assignment column refers to the type and number of the vehicle on which the student was assigned (ex. Ambulance 23 or Squad 1).
- The # hours are the number of hours the student was assigned and available to respond to ALS calls. Therefore, if they are detailed out for other duties or training and are unavailable to respond to EMS calls, the hours of the detail are not counted toward the internship time.
- Add all hours to reflect the phase total before submitting to the hospital EMSC/educator. Each entry must be signed and validated by an approved preceptor assigned to work with the student during that shift.

Please document if student is not duty ready on time or requests to leave early. Students are not to leave early to go to other work obligations unless approved in advance by the Program Director. Only 1/3 of the total hours may be completed between 12 midnight at 8 am.

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