Northwest Community Healthcare Paramedic Program
FIELD INTERNSHIP HOUR LOG 2026

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: Date on which the shift begins; 24-hour shifts will be reflected in the # hours column.
- Complete a different form for each agency where calls are completed and time is logged
- Vehicle assignment: type and agency identifier of the vehicle to which the student was assigned (ex. Ambulance 23 or Squad 1).
- Times in and out: Use military clock notations
- # Hours: Total time student was present and available to respond to calls. If they are detailed out for other duties or training and are unavailable to respond to EMS calls, those hours are not counted toward the internship time.
- Add all approved 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. **They are not to leave early** to go to work or other obligations unless approved in advance by the Program Clinical Coordinator. Only 1/3 of the total hours may be completed between 12 midnight at 0800.

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