



PARAMEDIC 5 CALL INTERN PRECEPTOR SUMMARY FORM

(To be completed by the Evaluator)

Intern Name: _____ Date: _____

Preceptor Name: _____ Preceptor Signature: _____

****ALS CONTACTS ONLY****

Run Number	Date	General Assessment	Skills Performed
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____
4.)	_____	_____	_____
5.)	_____	_____	_____

Comments: _____

****This form is to be submitted to the CES Coordinator prior to accreditation****