

Coversheet for Release

To be turned into the CRAT committee with paperwork

() - Indicates the minimum number required for release unless approved by CRAT

** - Indicates that these points can be acquired during field internship time while student

***1/3 of the points in the category can be acquired during field internship time while student

Name of Candidate: _____

Approved Preceptor: _____

Candidates Email: _____ Crew _____

*This is how you will be notified.

Follow down to level at which you wish to be released:

EMT-B Checklist

- | | |
|---|---|
| <input type="checkbox"/> Completed Map Training Quiz | <input type="checkbox"/> Backboard training, require 2 calls with a Rule-out or rule-in of immobilization (2) and 3 scenarios (3) |
| <input type="checkbox"/> Completed Radio Operations Program | <input type="checkbox"/> Number of ALS calls _____ (5) |
| <input type="checkbox"/> Completed Elderly Abuse/Neglect Program | <input type="checkbox"/> Number of Refusals _____(1) |
| <input type="checkbox"/> Have an Approved Preceptor | <input type="checkbox"/> All Calls Evaluated |
| <input type="checkbox"/> Have Collected for 2 Months or more | <input type="checkbox"/> Calls organized in chronological order |
| <input type="checkbox"/> Number of BLS calls _____ (10) | <input type="checkbox"/> Primary Preceptor's Letter of Recommendation |
| <input type="checkbox"/> Picture of provider (in case we haven't met you yet) | |

EMT-E/AEMT Checklist

- | | |
|---|---|
| <input type="checkbox"/> Have an Approved Preceptor | <input type="checkbox"/> CPAP/EZ-IO Check-off |
| <input type="checkbox"/> Scene Management Points _____ (40) | <input type="checkbox"/> 8 Specified Calls Collected |
| <input type="checkbox"/> Patient Assessment Points _____ (40) | <input type="checkbox"/> Primary Preceptor's Letter of Recommendation |
| <input type="checkbox"/> Circulation Points _____ (15) | |
| <input type="checkbox"/> Medication Points _____ (15) | |

EMT-I/P Checklist

- | | |
|---|---|
| <input type="checkbox"/> Have an Approved Preceptor | <input type="checkbox"/> CPAP/EZ-IO Check-off |
| <input type="checkbox"/> Scene Management Points____(50) | <input type="checkbox"/> EKG Interpretation Points _____ (25) |
| <input type="checkbox"/> Pt Assessment Points _____ (50) | <input type="checkbox"/> Each Call Collected has been Evaluated |
| <input type="checkbox"/> (1) Field Intubation - can include field intubations prior to I collection, ** | <input type="checkbox"/> Have collected over 12 shifts |
| <input type="checkbox"/> Circulation Points _____ (25) *** | <input type="checkbox"/> Have Collected 20 ALS calls |
| <input type="checkbox"/> Medication Points (total) _____ (25) *** | <input type="checkbox"/> Primary Preceptor's Letter of Recommendation |
| <input type="checkbox"/> Medication Points (I/P scope only) _____ (15)*** | |