



**Division of Health Protection
Office of Emergency Medical Services & Trauma**

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SUBJECT: Paramedic Clinical/Field Requirements - File Review Form

Student Name:				
Student's NREMT # & Exp. Date:	NREMT #:	Expiration Date:		
Student GA EMT-I/AEMT License:	Georgia License Type/Number:	Expiration Date:		
Course Approval Number:				
Course Location/Site Code:				
Course Coordinator:				
Date of Course Completion:				
Date of File Review:				
Date for Practical Exam:				
Proof of Completion and Current Certification of Healthcare Provider CPR		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Proof of Completion and Current Certification of ACLS		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Proof of High School Graduation or GED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Proof of 18 years of Age Type:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CLINICAL/FIELD HOURS	Clinical/Field Area		Minimum	Completed
	ALS Emergency Medical Services (does not include leadership hours)		>0	
	Clinical		†	SUM:
		Emergency Room	†	
		Recovery Room	†	
		Critical/Intensive Care (ICU/CCU/etc.)	†	
		Operating Room	†	
		Labor/Delivery	†	
		Pediatrics	†	
		Psychiatric	*	
		Urgent Care Clinic	*	
		Nursing Home	*	
		Doctor's Office	*	
		Other: _____	*	
<i>† While no state minimum is set for these categories, these categories are in the CoAEMSP standards.(see www.coaemsp.org)</i>				
TOTAL HOURS COMPLETED		300	TOTAL:	
FIELD INTERNSHIP	Prehospital ALS Team Leadership		Minimum	Completed
	Field Internship hours		48	
	ALS Team Leaderships During Field Experience		20	
		Number of those team leaderships that were marked successful by the preceptor.	*	



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SKILLS COMPLETION	SKILL		Minimum	Completed
	Airway/Breathing Skills:	Ventilation of unintubated patients	5	
		Endotracheal Intubation	5	
	Medication Administrations (other than O ₂)		25	SUM:
		Subcutaneous (SQ) route	1	
		Intramuscular (IM) route	1	
		IV Bolus (other than crystalloid flushes)	1	
		IV Drip	*	
		Nebulized	*	
		Oral (PO)	*	
		Rectal (PR)	*	
		Sub-lingual (SL)	*	
	Transdermal	*		
	Other: _____	*		
Pharmacological Skills: Successfully Access Venous Circulation (i.e. IV)		25		
COMPREHENSIVE ASSESSMENTS OF PATIENTS BY AGE	Age Group		Minimum	Completed
	Pediatrics		10	SUM:
		Newborn (0-1 month)	1	
		Infant (1 month-under 1 year)	1	
		Toddler (1-3 years)	1	
		Preschooler (4-5 years)	1	
		School-age child (6-12 years)	1	
		Adolescent (13-17 years)	1	
Adults (18-64 years)		20		
Geriatrics (65+ years)		10		
ASSESSMENTS OF VARIOUS PATHOLOGIES	Comprehensive Assessment of Patients in these Categories		Minimum	Completed
	Obstetrics		5	
	Trauma		20	
	Psychiatric		5	
	Cardiac		*	
	Cardiac Arrest		*	
	CVA		*	
	Medical		*	
	Neuro		*	
Respiratory		*		



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ASSESSMENTS OF VARIOUS COMPLAINTS	Assessments and Treatment Plan Formulation for These Complaints		Minimum	Completed
	Chest Pain		5	
	Dyspnea/Respiratory Distress		5	SUM:
		Dyspnea/Respiratory Distress (Adult/Geriatric)	*	
		Dyspnea/Respiratory Distress (Pediatric)	*	
	Altered mental status/Neurological Complaints		10	SUM:
		Altered mental status (stroke, seizure, etc)	10	
		Syncope	*	
		General Weakness	*	
		Headache/Blurred Vision	*	
		Dizziness	*	
	Abdominal (for example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.).		5	

** Indicates no minimum number needed for that category, but the number must be tracked and reported for each student.*

SUM indicates that data is obtained by totalling the indicated categories below it.

I hereby attest that I have completed the above hours, skills, and patient assessments during the field/clinical portion of the Paramedic program.

Student Name (printed): _____	
Student Signature: _____	Date: _____

This file has been reviewed for verification of documentation for successful Paramedic course completion and required documentation to partially meet the requirements for Paramedic Licensure in Georgia.

Course Coordinator Name (printed): _____	
Course Coordinator Signature: _____	Date: _____

One copy of this document should be given to the student, with the original retained by the Course Coordinator. The Course Coordinator/Program Director will enter the data from this form into the SENDSS system prior to the student being allowed to take the NREMT Paramedic level exam. This document will be made available to the regional EMS office upon request.