



Georgia Office of EMS and Trauma
EMS Instructor/Coordinator Internship
Time Log Sheet

This form must be completed and uploaded for all dates that the Instructor/Coordinator Candidate is being evaluated for their requirements of the Internship process.

INSTRUCTOR/COORDINATOR CANDIDATE INFORMATION	
Candidate Full Name	I/C Level Applying For
	<input type="checkbox"/> I/C (EMT) <input type="checkbox"/> I/C (AEMT) <input type="checkbox"/> I/C (Paramedic)

Time Log			
Session	Preceptor	Course Information	Activity
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	

Session	Preceptor	Course Information	Activity
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
Date:	Preceptor Name	Course Level: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic	
		Course Approval Number:	
Start/End Time:	Preceptor I/C License Number	Course Location:	
SIGNATURES - ALL SIGNATURES MUST BE ORIGINAL			
My signature indicates that I have completed the required hours listed above for the internship program.		CANDIDATE	
Printed Name			
Signature			
Date Signed			