

Georgia Office of EMS and Trauma EMS Instructor/Coordinator Internship Competency Verification Sheet

This form must be completed and uploaded to verify the Instructor/Coordinator Candidate has met all of the internship objectives as outlined for the license level being sought. This form should be completed after all of the internship hours have been completed.

INSTRUCTOR/COORDINATOR CANDIDATE INFORMATION					
Candidate Full Name	I/C Level Applying For	Date of	Start	End	
		Evaluation	Time	Time	
	□ I/C (EMT) □ I/C (AEMT)				
	I/C (Paramedic)				
EMS Initial Education Program Name	Course Level	OEMS Course Approval Numbe		umber	
(Where Final Evaluation was done)					
	🗆 EMT 🛛 AEMT				
🗆 Paramedic					
EVALUATION INSTRUCTIONS					

Each criterion must be rated by the Instructor/Coordinator Candidate FIRST and rated by the preceptor SECOND. Mark candidate ratings in the column marked "**C**" and preceptors in column "**P**." Candidates Comment on any discrepancies below. Preceptors complete shaded sections. **RATING SCALE: NA** = Not applicable- not needed or expected. **0** = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when candidate was expected to try. **1** = Marginal - inconsistent, not yet competent. **2** = Successful/competent - no prompting

Criteria (* indicates MANDATORY)	Rating		Comments
	С	P	
Program Administration			
Did the candidate participate in the timely submission			
of student roster and attendee statuses in the State			
LMS system? *			
Did the candidate maintain accurate attendance and			
student records? *			
Does the candidate understand the rules and			
regulations of the Georgia Office of EMS and Trauma			
as well as administrative policies and procedures for			
requesting and coordinating EMS initial education			
course? *			
Did the candidate participate in the submission of			
course paperwork (beginning and ending rosters,			
OEMS student file review forms for all levels, NREMT			
practical skills check off for EMT courses)? *			
Does the candidate understand the administration of			
EMR and EMT Psychomotor examination and			
coordination of AEMT and Paramedic, NREMT			
Psychomotor examination? *			
Course Coordination			
Does the candidate understand procedures for course			
approval to include medical director, sponsor, and			
clinical site agreements? *			
Does the candidate know what resources are available			
to answer questions regarding administrative			
procedures? *			

Criteria (* indicates MANDATORY)	Rat		Comments
Course Coordination (Continued)	С	Р	
Does the candidate understand the dynamics of			
course management? *			
Does the candidate understand how to evaluate			
applicants and the purpose for doing so? *			
Did the candidate successfully schedule course			
classroom and lab sessions? *			
Did the candidate successfully schedule instructional			
personnel? *			
Did the candidate provide supervision of instructional			
personnel? *			
Instruction		<u> </u>	
Does the candidate understand the cognitive,			
psychomotor, and affective domains as applies to			
student learning? *			
Did the candidate successfully utilize the National			
EMS Educational Standards? *			
Did the candidate successfully use lesson plans? *			
Did the candidate successfully develop lesson plans?			
Did the candidate successfully develop and use			
written or electronic cognitive testing instruments to			
evaluate students?			
Did the candidate successfully perform cognitive			
testing item analysis? *			
Did the candidate successfully observe students and			
provide positive corrective feedback? *			
Did the candidate successfully provide individual			
counseling? *			
Did the candidate successfully assign assignments/			
remedial sessions?			
Did the candidate successfully adapt teaching			
techniques and practice to meet individual student's			
needs? *			
Did the candidate successfully analyze cognitive and			
skill performance, detect and correct student			
difficulties? *			
Did the candidate successfully deliver effective			
didactic presentations?			
Did the candidate successfully conduct logical and			
accurate demonstrations of psychomotor skills and			
demonstrate an understanding of the principles of			
those skills? *			
Did the candidate manage lab instructional time to			
minimize "lecture" time and maximize "practice" time	<u> </u>		

Criteria (* indicates MANDATORY)	Rat C	ing P	Comments
Clinical Coordination/Evaluation			
Did the candidate participate in Clinical/Field scheduling?			
Did the candidate participate in Clinical/Field Site visits? *			
Did the candidate participate in Clinical/Field Evaluations? *			
Did the candidate participate in Preceptor selection, training, use and evaluation? *			
Medical Director			
Does the candidate understand the Roles and Responsibilities of the EMS Education Medical Director? *			
Advisory Committee			
Does the candidate understand the Roles, Responsibilities, and makeup of the EMS Initial Education Advisory Committee? *			
Did the candidate participate in managing an EMS Initial Education Advisory Committee?			
Did the candidate attend an EMS Initial Education Advisory Committee Meeting?			
CoAEMSP Accreditation Requirements (For I/C Parame	dic o	nly)	
Does the candidate understand the purpose of CoAEMSP accreditation? *			
Does the candidate understand the roles and responsibilities of the Program Director as it relates to CoAEMSP?*			
Does the candidate understand the roles and responsibilities of the Lead Instructor as it relates to CoAEMSP?*			
Did the candidate participate in any part of a CoAEMSP accreditation site visit?			
Did the candidate participate in the submission of any part of the annual report?			

INSTRUCTOR/COORDINATOR CANDIDATE SELF ASSESSMENT COMMENTS/ACTION PLAN FOR IMPROVEMENT				
ADDITIONAL P	RECEPTOR COMMENTS/ACTION PLAN	FOR IMPROVEMENT		
SIG	NATURES - ALL SIGNATURES MUST BE	ORIGINAL		
I Agree to the above ratings,	CANDIDATE	PRECEPTOR		
comments and improvement				
plan.				
Printed Name				
Initial Education Program Name				
Title				
Current EMS I/C License Level				

Signature

Date Signed

Current EMS I/C License Number