### Maryland Fire & Rescue Institute Emergency Medical Technician Course - EMS 106 MFRI Student / Field Training Coach Internship Agreement

This agreement must be signed and turned in to the instructor prior to the student beginning EMT Module 3.

The field internship is the process of training outside of the classroom under the guidance of an approved company, department, or jurisdictional approved Field Training Coach. An emergency medical technician field training coach shall possess appropriate:

- (a) Working knowledge of the emergency medical technician curriculum;
- (b) Working knowledge of the Maryland Medical Protocols for Emergency Medical Services Providers; and
- (c) Expertise to supervise students during the emergency medical technician internship.
- (3) The ratio of students to emergency medical technician field training coach shall be one to one to ensure effective learning and supervision.
- (4) Each emergency medical technician field training coach shall complete emergency medical technician field training coach orientation, and be approved by the local EMS operational program

The field internship will place the student in "the field," or real world, meaning the student will receive practical experience before practicing on their own.

You will be required to complete the Field Internship Packet, which is a compilation of MIEMSS approved forms, and will document your field experience. This may not commence prior to successful completion of EMT Module Two – Assessment.

You will in conjunction with a jurisdiction approved field training coach arrange site visits. The Field Internship is separate from the 165 hours of MFRI course work, and is required by MIEMSS for certification.

Your internship must consist of the following two sections;

- I. Ten patient assessments in the presence of the field training coach.

  Refusals of service do not count towards the ten assessments
- II. An orientation consisting of five hours, including of the following;
  - a. A full ambulance orientation & inspection you may visit the location where the ambulance is stationed, or the ambulance may be brought to the class site. This must take a minimum of one hour.
  - b. Tour of a Communications / 911 Center this must take a minimum of two hours.
  - c. Tour of a Med Evac helicopter. This must take a minimum of two hours.

You must submit the completed paperwork to the instructor before you can take the written and practical certification tests. The instructor will check the packet and sign it off, the internship packet will then be turned in to MIEMSS.

By my signature I hereby:

- 1. Understand that all of the above information I have given is subject to verification.
- 2. Affirm and declare that all of the above information I provided is true and correct to the best of my knowledge.
- 3. Acknowledge that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation.

Student printed name:
Student signature:
Field Training Coach printed name:
Field Training Coach signature:
Approved by Local EMS Operational Program
EMS Operational Program printed name
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#### EMT Internship

6/96

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### EMT-B Internship ORIENTATION ROTATIONS

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Current Medications:	ons:						
Allergies:							
Initial Vitals:  B/P:/ Pulse: Respirations: SAO2:%	Repeat Vitals:  B/P:/ Pulse: Respirations: SAO2:%	Skin  Warm  Hot  Cool  Dry  Clammy  Clammy  Cyanotic	Neurology  Alert  Verbal  Pain  Unconscious Pupils:  DERRL  Unequal  Dilated	Cardiac Rhythm:  Glucometer:  SAO2: %  OIV1 DIV2  Nate: —  Gauge: —  Amount Infused:  DI Bloods Drawn	Oxygen  O NR Mask  Nasal Cannula  L/min.  BVM  C ET ONT  Combitube  CPR in Progress  Ventilator  NGT	Respiratory  Clear Rales Clabored Stridor Rhonchi Wheezes Clear	Pulse  Regular  Thready Circulation  JVD  Edema Cap. Refill: ———————————————————————————————————
Provider's Signature:-			Date:	Hospital Signature: -	nature:		Version 1/12



SS		Course No	• •
rendered on  Vita  Hist Asse  Docu	the ambulance l signs	runsheet (other sid	issessments and care de) for each patient:
NOTE: The stude	nt must complete a mini	mum of 5 satisfactory paties	nt assessments
Patient	principal in the second	cory emedial Practice cory Remedial	Date: Date:
Comments:			
RV MV SICNATITUE 1 Into	EDSTAND THAT ALL OF THE	A BOVE INFORMATION I HAVE ON	VEN IS SUBJECT TO VERIFICATION.
I HEREBY: 2. AFFIR OF M 3. ACKI	RM AND DECLARE THAT ALL MY KNOWLEDGE.	OF THE ABOVE INFORMATION I.P.	ROVIDED IS TRUE AND CORRECT TO THE BEST ERED SUFFICIENT CAUSE FOR REJECTION OR
Student Signature:			Date
Field Training Coach:	PLE-4SE PRINT		
			Date:



Incident #	Date:	Tin	Time:	Arrived at Hospital:	spital:	- Age:	Unit #:
Gender: □M □F Wt:		Trauma Categ	gory: □A □B □	Kg/Lbs Trauma Category: $\Box A \Box B \Box C \Box D$ Priority: $\Box 1 \Box 2 \Box 3 \Box 4$ Level of Consciousness: $\Box A \Box V \Box V \Box V$	□2 □3 □4 Leve	d of Consciousne	ss: CA OV OP OU
Patient Name:		Dai	Date of Birth	Patient's Address:	ddress:		
City:	State:	Pat	Patient's Phone Number ( ) -	umber ( )			
Chief Complaint:							
Past Medical Hist	Past Medical History (DNR ☐ A1 ☐ A2 (DNI) ☐ B):	A2 (DNI) 🗆 B):					
Current Medications:	ons:						
Allergies:							
Initial Vitals:  B/P:/ Pulse: Respirations: SAO2:%	Repeat Vitals:  B/P:/ Pulse: Respirations: SAO2:%	Skin  Warm  Hot  Cool  Dry  Clammy  Clammy  Cyanotic	Neurology  Alert  Verbal  Pain  Unconscious Pupils:  DERRL  Unequal  Dilated	Cardiac Rhythm:  Glucometer:  SAO2: %  OIV1 DIV2  Nate: —  Gauge: —  Amount Infused:  DI Bloods Drawn	Oxygen  O NR Mask  Nasal Cannula  L/min.  BVM  C ET ONT  Combitube  CPR in Progress  Ventilator  NGT	Respiratory  Clear Rales Clabored Stridor Rhonchi Wheezes Clear	Pulse  Regular  Thready Circulation  JVD  Edema Cap. Refill: ———————————————————————————————————
Provider's Signature:-			Date:	Hospital Signature: -	nature:		Version 1/12