

		Date of Last Session	Hours Completed	Supervising CIC (Signature)
Assessment (Minimum of 6 hours)	Medical	_____	_____	_____
	Trauma	_____	_____	_____
	_____	_____	_____	_____
Airway (Minimum of 6 hours)	Bag-Valve-Mask	_____	_____	_____
	Suctioning	_____	_____	_____
	Oxygen Therapy	_____	_____	_____
Bleeding (Minimum of 3 hours)	Assessment and Management	_____	_____	_____
	_____	_____	_____	_____
Splinting (Minimum of 3 hours)	Fixation	_____	_____	_____
	Traction (Hare and Sager)	_____	_____	_____
Spinal Immobilization (Minimum of 12 hours)	Short Spine Board/KED	_____	_____	_____
	Long Spine Board	_____	_____	_____
	Helmet Removal	_____	_____	_____
	Rapid Extrication	_____	_____	_____
	Standing Take-Down	_____	_____	_____
Pediatrics (Minimum of 3 hours)	_____	_____	_____	_____
	_____	_____	_____	_____

CLI Candidate's Name _____ EMT# _____
 Supervising CIC Name _____ CIC# _____
 Supervising CIC Signature _____ Date _____