

CLI (Intern) _____ EMT # _____

Course Sponsor _____ Course # _____

Supervising CIC _____ CIC # _____

Document your detailed observations of each objective in the shaded areas on this report.

1. Demonstrates a mastery level performance of psychomotor skills.

Yes No

2. Understands the principles behind the skills in the EMT program.

Yes No

3. Able to conduct logical and accurate demonstrations.

Yes No

4. Manages lab time to minimize "lecture" time and maximize "practice" time.

Yes No

5. Demonstrates the ability to observe students and provide corrective feedback.

Yes No

6. Able to adapt teaching techniques and practice to meet individual student's needs.

Yes No

7. Able to analyze skill performance, detect and correct students' difficulties.

Yes No

8. Shows a positive regard for the students.

Yes No

9. Demonstrates a knowledge and understanding of the New York State Department of Health Bureau of EMS Statewide Basic Life Support Treatment Protocols.

Yes No

10. Demonstrates an understanding of the administration and coordination of the New York State Department of Health Bureau of EMS Practical Skills Examination.

Yes No

COMMENTS

I do hereby affirm that the CLI Intern noted above has met all objectives of the CLI Internship as outlined in the current NYS DOH Bureau of EMS Policy Statement regarding Internship Requirements for Instructor Certification.

I recommend this intern for CLI certification.

Signature of Supervising CIC _____ Date _____