

## Certified Lab Instructor Internship Tracking Worksheet

Lab Session	Hours	Course Number	Session Date	Session Date	Hours	Supervising CIC Signature
<b>ASSESSMENT</b>						
Medical – Adult	1					
Trauma – Adult	1					
Total Hours	2					
<b>AIRWAY</b>						
Bag-Valve-Mask	0.5					
Suctioning	0.5					
Airway Adjuncts	0.5					
Oxygen Therapy	0.5					
Total Hours	2					
<b>BLEEDING CONTROL</b>						
Assessment	1					
Management	1					
Total Hours	2					
<b>ORTHOPEDIC INJURIES</b>						
Long Bone Injuries	1					
Joint Injuries	1					
Traction Splint	1					
Spinal Motion Restriction	1					
Long Spine Board Immobilization	1					
Total Hours	5					
<b>PEDIATRICS</b>						
Peds. Medical Assessment	0.5					
Peds. Trauma Assessment	0.5					
Peds. Orthopedic Injuries	0.5					
Total Hours	1.5					
<b>EMS OPERATIONS</b>						
Vehicle Extrication	1					
Mass Casualty Incidents	0.5					
Total Hours	1.5					
<b>OTHER</b>						
Medication Administration	0.5					
Monitoring Devices	0.5					
Cardiac Arrest Management	1					
Total Hours	2.0					
<b>TOTAL REQUIRED HOURS</b>						
	16					

CLI Candidate Name (print): \_\_\_\_\_

EMT#: \_\_\_\_\_

BEMS Office Use Only

Supervising CIC Name (print): \_\_\_\_\_

EMT#: \_\_\_\_\_

Received: \_\_\_\_\_

Denied: \_\_\_\_\_

Supervising CIC Name (signature) \_\_\_\_\_

CIC#: \_\_\_\_\_

Approved: \_\_\_\_\_

Initials: \_\_\_\_\_