HVCC PARAMEDIC PROGRAM

HVCC Paramedic Program Weekly Internship Progress Report
Continuation Form
for

Intern name_____ Week of _____ to _____

☐ EMSP 230 ☐ EMSP 240 (please check one)

Due to Clinical Coordinator by Monday of the following week
Email PDF to j.horowitz@hvcc.edu; fax 518-629-4881, or mail to HVCC 80 Vandenburgh Ave, JRD 217, Troy, NY 12180

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#	Age	Gender	Chief Complaint	Interview	IV	Meds	Ecg	ALS Skills	Team Leader EMSP 240 only	ALS EMSP240 only