

Lenoir Community College-EMS Program Evaluation Form- Part 1 of 2

Emergency Medical Technician-Intermediate				Name: _____			
	Minimal Hrs	Verification of hrs by College Official Initials	Date Completed		Minimal Hrs	Verification of hrs by College Official Initials	Date Completed
MODULE 1: PREPARATORY				MODULE 5: MEDICAL			
Well Being of the Intermediate	4			Pulmonary	9		
Roles of The intermediate	3			Cardiology	12		
General Principles of Pathophysiology	6			Neurology	2		
Emergency Pharmacology	20			Endocrinology	3		
Venous Access and Medication Admin	24			Allergies and Anaphylaxis	3		
Ethics	2			Toxicology	3		
Therapeutic Communications	3			Module Totals	33		
Medical Legal Issues	3						
Module Totals	65						
MODULE 2: AIRWAY				Assessment Based Management - Module 7			
Airway Management & Ventilation	18			Module Totals	12		
Module Totals	18						
MODULE 3: PATIENT ASSESSMENT				College Representative _____ Name of College (Print) _____ Print name Here _____ Signature _____ Date _____ Phone Number: _____			
Techniques of Physical Examination	6						
Module Totals	6						
MODULE 4: TRAUMA							
Hemorrhage and Shock	8						
Burns	1						
Module Totals	9						

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Skills Assessment Verification

Level II EMS Instructor verification of skills during EMS class

	Instructor to Initial	Instructors Name
Ventilatory Management-Adult		
Dual Lumen Airway Device		Print Name Here
Bleeding Control/Shock Management		
Dynamic Cardiology		Signature
Static Cardiology		Date:
Pediatric Introsseous		Phone Number:
Patient Assessment- Medical		P-Number:
Patient Assessment- Trauma		
Intravenous Therapy		
Spinal Immobilization-Supine		

* Clinical and EMS Preceptor Hours acceptance requires official documentation from the teaching institution (Actual Log Book). Hours beyond 1 yr will not be accepted