



Victor Valley College Paramedic Capstone Field Internship Statement of Completion

Student Name: _____

To the Medical Director of the Paramedic Academy

I have been the PRECEPTOR for the student named above, during his/her Capstone Field Internship. This student has demonstrated the following entry-level paramedic competencies:

1. Respects the dignity of everyone with whom he/she is associated in the practice of their professional duties.
2. Responds to the field-learning environment in such a manner to invite confidence of patients, supervisors, peers, and other healthcare professionals.
3. Analyzes subjective and objective information to formulate a plan of action and correctly implements the plan.
4. Assures and procures scene safety.
5. Assesses and treats patients as they present during the Capstone Field Internship, according to standard protocols.
6. Communicates effectively verbally and in writing.
7. Displays leadership abilities.
8. Maintains equipment appropriately.

Recommendation

I recommend successful completion of their Capstone Field Internship from Victor Valley College Paramedic Academy.

Preceptor Signature

My signature below indicates that the above-named paramedic student has completed their Capstone Field Internship for the Victor Valley College Paramedic Academy.

Preceptor Signature: _____ Phone: _____

Preceptor Name (Print): _____ Date: _____

Preceptor State License Number: _____ Preceptor ICEMA Accreditation Number: _____

Preceptor Agency: _____

Note to Preceptor: Please ensure that this signed document is placed inside an envelope, sealed, and then has your signature over the sealed portion.