

SIREMS Provisional ECRN Evaluation Checklist

Name_____ Date_____

In your evaluation of this run, did the provisional ECRN do the following?

Demonstrate knowledge of the EMS protocols? Y / N

Complete documentation on the ALS/ECRN form? Y / N

Demonstrate proficient use of the ALS radio? Y / N

Directed pre-hospital care in an appropriate and timely manner? Y / N

Was polite and professional on the radio? Y / N

Comments:

Preceptor Name (printed)-_____

Preceptor Signature-_____

This form is to be completed by an established ECRN and submitted to the EMS Office