

**SOUTH PLAINS COLLEGE EMS PROGRAMS**

**819 Gilbert Drive  
Lubbock, TX 79416**

**STATEMENT OF ENTRY LEVEL COMPETENCY**

<b>Student Information</b>	<b>Internship Information</b>
Name:	Preceptor:
SSN:	Station/Unit:
Total Field Hours:	Field Internship Start Date:
Total Patient Transports:	Internship Completion Date:

**PRECEPTOR'S STATEMENT OF ENTRY LEVEL COMPETENCY**

I have observed \_\_\_\_\_ function in the Pre-Hospital setting as an EMT-Intermediate Intern and he/she satisfies the objectives listed in this document. Based on these observations, he/she has demonstrated to my satisfaction that he/she:

1. Possesses the ability to comprehend, apply, analyze, and evaluate information relevant to his/her role as an entry level EMT-Intermediate.
2. Possesses technical proficiency in the skills necessary to fulfill his/her role as an entry level EMT-Intermediate.
3. Displays the personal behaviors and attitudes consistent with professional and employer expectations for an entry level EMT-Intermediate.
4. Possesses the ability to integrate the knowledge, technical skills, and personal behaviors and attitudes required of an entry level EMT-Intermediate as needed to deliver effective pre-hospital and interfacility patient care.

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_

Preceptor Printed Name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Printed Name \_\_\_\_\_

