

Bring this form with you when precepting for UREMS and have your RAA Preceptor complete it after each shift.
 Any and all questions/concerns should be directed towards Stephanie Ha: uremstraining@gmail.com

Student: _____ RAA Preceptor: _____ Date: _____

Initial by Preceptor

Initial by Preceptor

Skills



Vitals-Including Glucose	
X-Collar Placement	
BLS Airways	
AED/CPR	
Stretcher Operations	
O ₂ Administration	
IV Set-Up	

Documentation



Chief Complaint	
History of Present Illness	
Refusals	
HIPAA	

Patient Assessment

ABC	
SAMPLE	
Medical Assessment	
Trauma Assessment	

Scene Safety/BSI

When to Stage	
Identifying Unsafe Scenes	
Importance of BSI	

Inventory (Equipment)

Cleanliness	
Appropriate Stock	
Location	

Patient Care

Sick vs. Not Sick +ID	
Critical vs. Non-Critical	
Appropriate Treatment	
Timely Treatment	

Evaluation of Student

Punctuality	
Appropriate Uniform	
Professionalism on Scene	
Adherence to Protocols	
Confidence (1 to 10)	
Overall Knowledge (1 to 10)	
Overall Readiness (1 to 10)	

EMS Operations

Radio Operations	
Responding to a call	

Additional Comments:

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Do you have any concerns about this student/any suggestions before becoming a UREMS 2?

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FOR UREMS SUPERVISORS ONLY:

YES/NO

Has the student completed 4 or more preception shifts with RAA?	
Has the student submitted all of his or her paperwork (ID, certs, NIMS, etc.)?	
Has the student read and understood the Protocols and SOGs of UREMS?	

Cleared on: _____ Cleared by: _____