

Health Career Institute EMT Externship Log

1 Clinical – 4 Field Externships

The Instructor must sign this form or you will not get credit for these days: NO EXCEPTIONS

Student Name: _____

EMT Class# _____

#	Date	Hospital or	Time In	Time Out	Total Hours	Student Signature	Preceptor / Instructor Signature / Badge #	# of Reports
1								
#	Date	Department	Time In	Time Out	Total Hours	Student Signature	Preceptor / Instructor Signature / Badge #	# of Reports
1								
2								
3								
4								

- Instructions: 1. MAKE A COPY FOR YOUR RECORDS
2. Submit completed copy with paperwork prior to each clinical