

Health Career Institute  
 Paramedic Field Log  
 Only Use this form for Field Externships  
 8 Per Semester

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

Student Name: \_\_\_\_\_ Paramedic Class# \_\_\_\_\_ Semester: \_\_\_\_\_

#	Date	Department	Time In	Time Out	Total Hours	Student Signature	Preceptor / Instructor Signature / Badge #	# of Reports
1								
2								
3								
4								
5								
6								
7								
8								

- Instructions: 1. MAKE A COPY FOR YOUR RECORDS  
 2. Submit completed copy with paperwork each class day