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| **Los Angeles County EMS Agency****MICN RECERTIFICATION FIELD OBSERVATION CE DOCUMENTATION** | VERT-EMS B&W2 |
| **NAME:** | **CERTIFICATION #: N** | **SPONSORING AGENCY:** |
| Pre-discussion Date: | Discussed with EMS CE Program Director or Clinical Director Signature: |
| Date of Experience: | Time In: | Time Out: | Total Hours: | Location of Experience:Provider Agency and ALS Unit #: |

\*maximum of eight (8) hours credit per certification cycle.

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| **Learning Objectives – check (√ ) three or more****Minimum of three objectives must** **be written specific to the needs of the MICN** | **Plan to Meet Objectives** | **Results of Experience** **(Completed by MICN)** |
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| **Learning Objectives** | **Plan to Meet Objectives** | **Results of Experience** **(Completed by MICN)** |
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| **General Instructions** |
| 1. Pre-discussion is mandatory to define objectives and ensure a structured field observation.
2. Pre-discussion must be conducted by the EMS CE program director or clinical director from the sponsoring agency.
3. Minimum of three objectives must be completed. Additional objectives can be written specific to the needs of the MICN at the discretion of the program director.
4. Field Observation time less than one (1) hour will not be approved.
5. Field Observation time greater than one (1) hour will be granted in no less than half-hour increments.
6. The MICN must complete the “Results of Experience” section to demonstrate successful achievement of the objectives. This section must be filled out in order to receive CE credit.
7. Signature of field paramedic must be obtained at the time of the experience.
8. Field Observation Preceptor Evaluation form and a course roster must be completed to receive CE credit.
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| **MICN Signature:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **Paramedic LA County** **Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accreditation #: P\_\_\_\_\_\_\_\_\_****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** |
| **Field Observation results reviewed and approved by EMS CE Program Director or Clinical Director:****Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | * This document must be retained for a period of four (4) years
* Credit will be denied if signatures or “Results of Experience” omitted
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