



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

**FIELD OBSERVATION PRECEPTOR EVALUATION FOR MICN RECERTIFICATION**

(To be completed by the MICN)

**Preceptor Name:** \_\_\_\_\_ **LAC Accreditation No: P** \_\_\_\_\_

**Fire Department and Unit:** \_\_\_\_\_

**MICN NAME:** \_\_\_\_\_

**MICN NO: N** \_\_\_\_\_ **Date of Experience:** \_\_\_\_\_

Each of the statements below describes a characteristic of the paramedic who was instrumental in providing the field observation experience. Indicate your rating of the above-named preceptor by *circling* the appropriate number to the right of each item. Use the number code below:

- 4 = Extremely well, a good example, always, etc.  
3 = Well done, frequently, usually, etc.  
2 = Acceptable, sometimes, inconsistent, etc.  
1 = Not done, poorly done, never, etc.  
NA = Not applicable

- |                                                                                                 |   |   |   |   |    |
|-------------------------------------------------------------------------------------------------|---|---|---|---|----|
| 1. Relates concepts to issues meaningful to my scope of practice                                | 4 | 3 | 2 | 1 | NA |
| 2. Demonstrates genuine interest in providing information regarding the department's EMS system | 4 | 3 | 2 | 1 | NA |
| 3. Approaches teaching and patient care with enthusiasm                                         | 4 | 3 | 2 | 1 | NA |
| 4. Displays confidence in role as an EMS professional                                           | 4 | 3 | 2 | 1 | NA |
| 5. Relates practice to field goals and objectives                                               | 4 | 3 | 2 | 1 | NA |
| 6. Seeks learning opportunities for MICN                                                        | 4 | 3 | 2 | 1 | NA |
| 7. Answers questions clearly without confusion                                                  | 4 | 3 | 2 | 1 | NA |
| 8. Explains reasons for decisions and actions                                                   | 4 | 3 | 2 | 1 | NA |

**COMMENTS:**

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