

ECRN ALS Telemetry Radio Preceptor Log Form

This form is to be used by ECRN Preceptor monitoring 10 ALS Telemetry calls to complete ECRN education validation

ECRN Student Name _____ **Hospital affiliation** _____**ECRN Class Date** _____ **Site sponsoring class** _____ **Site code #** _____

ALS Call #1 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #2 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #3 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #4 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #5 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #6 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #7 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #8 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #9 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #10 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

Return completed competency form to mzanelli@silvercross.org as this is required for ECRN licensure.