

Externship Requirements Checklist

Student Name	Program/Class	Date
Date of Clinical Externship	Location of Clinical Externship	Preceptor/Supervisor
Date of Field Externship (EMT)	Location of Field Externship (EMT)	Preceptor/Supervisor

<p style="text-align: center;">Clinical Medical Assistant</p> <p><input type="checkbox"/> Externship Time Sheet – Week 1 <input type="checkbox"/> Externship Time Sheet – Week 2 <input type="checkbox"/> Externship Time Sheet – Week 3 <input type="checkbox"/> Externship Time Sheet – Week 4 <input type="checkbox"/> Externship Time Sheet – Week 5 (If Applicable)</p> <p><input type="checkbox"/> Patient Contact Log – Week 1 <input type="checkbox"/> Patient Contact Log – Week 2 <input type="checkbox"/> Patient Contact Log – Week 3 <input type="checkbox"/> Patient Contact Log – Week 4 <input type="checkbox"/> Patient Contact Log – Week 5 (If Applicable)</p> <p>Completed By Academic Assistant or Program Director: <input type="checkbox"/> Externship Evaluation – 40 Hours <input type="checkbox"/> Externship Evaluation – 80 Hours <input type="checkbox"/> Externship Evaluation – 120 Hours <input type="checkbox"/> Externship Evaluation – 160 Hours</p>	<p style="text-align: center;">Emergency Medical Technician</p> <p><input type="checkbox"/> 0803 – Externship Time Log</p> <p>EMERGENCY DEPARTMENT <input type="checkbox"/> 0801c – Clinical Patient Contact Log <input type="checkbox"/> 0802c – Patient Care Report (2 Clinical) <input type="checkbox"/> 0803c – Evaluation Form of Student (Clinical) <input type="checkbox"/> 0804c – Evaluation Form of Clinical and Field Experience (Clinical)</p> <p>AMBULANCE RIDE ALONG <input type="checkbox"/> 0801f – Ride Along Student Agreement <input type="checkbox"/> 0802f – Field Patient Contact Log <input type="checkbox"/> 0803f – Patient Care Report (2 total Field) <input type="checkbox"/> 0804f – Evaluation Form of Student (Field) <input type="checkbox"/> 0805f – Evaluation Form of Clinical and Field Experience (Field)</p>
<p style="text-align: center;">Health Unit Coordinator</p> <p><input type="checkbox"/> Externship Time Sheet – Week 1 <input type="checkbox"/> Externship Evaluation – Day 1</p>	<p style="text-align: center;">Phlebotomy Technician</p> <p>The following documents will be copied and given to the student with their Certificate of Course Completion. These documents along with the Certificate of Course Completion MUST be faxed to NCCT PRIOR to receiving NCCT National Certification</p> <p><input type="checkbox"/> Externship Time Sheet – Week 1 <input type="checkbox"/> Externship Evaluation – 40 Hours <input type="checkbox"/> California Statement of Phlebotomy Technician Performance Sheet <input type="checkbox"/> Student Performance Records <input type="checkbox"/> Student Clinical Venipuncture Log (Multi-Page)</p>
<p style="text-align: center;">Sterile Processing Technician</p> <p><input type="checkbox"/> Externship Time Sheet <input type="checkbox"/> Externship Evaluation – Day 1</p>	

By signing below, I certify that I **have completed the externship for the program I am enrolled in** and am submitting all required paperwork. I understand that **missing paperwork may delay my course completion.**

Printed Name	Signature	Date
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