



## 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;"><b>Emergency Medical Technician</b></p> <p><input type="checkbox"/> Clinical and Field Experience Time Log</p> <p><b>EMERGENCY DEPARTMENT</b></p> <p><input type="checkbox"/> Clinical Experience Patient Contact Log</p> <p><input type="checkbox"/> Prehospital Patient Care Report (2 Clinical)</p> <p><input type="checkbox"/> Clinical and Field Experience Evaluation Form (Clinical)</p> <p><input type="checkbox"/> Student Evaluation of Clinical and Field Experience (Clinical)</p> <p><b>AMBULANCE RIDE ALONG</b></p> <p><input type="checkbox"/> Ride Along Student Agreement</p> <p><input type="checkbox"/> Field Experience Patient Contact Log</p> <p><input type="checkbox"/> Patient Care Report (2 Field)</p> <p><input type="checkbox"/> Clinical and Field Experience Evaluation Form (Field)</p> <p><input type="checkbox"/> Student Evaluation of Clinical and Field Experience (Field)</p>	<p style="text-align: center;"><b>Phlebotomy Technician</b></p> <p>The following documents will be copied and given to the student with their Certificate of Course Completion. <b>These documents along with the Certificate of Course Completion MUST be faxed to NCCT PRIOR to receiving NCCT National Certification</b></p> <p><input type="checkbox"/> Externship Time Sheet(s)</p> <p><input type="checkbox"/> Externship Evaluation</p> <p><input type="checkbox"/> California Statement of Phlebotomy Technician Performance Sheet</p> <p><input type="checkbox"/> Student Clinical Venipuncture Log (Multi-Page)</p>
<p style="text-align: center;"><b>Clinical Medical Assistant</b></p> <p><input type="checkbox"/> Externship Time Sheets (must total 160 hours)</p> <p><input type="checkbox"/> Externship Evaluation</p>	<p style="text-align: center;"><b>Sterile Processing Technician</b></p> <p><input type="checkbox"/> Externship Time Sheets (must total 200 hours)</p> <p><input type="checkbox"/> Clinical Externship Competencies</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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