

ORIENTATION/INTERNSHIP EVALUATION FORM TO BE USED BY

INSTRUCTOR/COORDINATOR (I/C) CANDIDATES
TO DOCUMENT HOURS TAUGHT WITH EVALUATION(S)

****ONLY TO BE USED AFTER APPROVAL FROM THE
MASSACHUSETTS (MA) DEPARTMENT OF PUBLIC HEALTH
(DEPARTMENT) IS ISSUED TO BEGIN
ORIENTATION/INTERNSHIP****

Once the Department approves a candidate's internship, the candidate must successfully complete the internship within one year of Department approval. If not, the candidate will be required to submit a new application for approval before starting and completing a new internship. I/C internships completed more than one year from Department approval are not valid.

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OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

APPLICANT INFORMATION:

APPLICANT NAME	CERTIFICATION NUMBER (with prefix)	APPLICATION NUMBER
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SUPERVISING I/C INFORMATION:

Note: The MA I/C number may be different from the EMT, AEMT or Paramedic number. Should more than one evaluating or lead I/C supervise any portion of the orientation/internship, then each I/C will need to complete an evaluation checklist and written evaluation on behalf of the candidate.

SUPERVISING I/C NAME	CERTIFICATION NUMBER (with prefix)	MA I/C #
ACCREDITED EMT TRAINING INSTITUTION:		

HOURS TAUGHT:

Note: Itemize didactic lesson and skills session separately. Under 105 CMR 170.977(B)(6) of the EMS System regulations, the orientation/internship measures competency in teaching and knowledge of the subject matter as demonstrated by a favorable evaluation by the Department, under the direct supervision of the lead I/C during the course dates and times registered with the Department.

If additional space is needed, re-print this page and attach it to the packet.

Didactic Lesson/Skills Session w/Subject Or Continuing Education Course Title (for upgrade applicants)	Date	Department Registration or Approval #	Hours Taught

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EVALUATION:

Note: To be completed by the supervising/evaluating I/C. Should a candidate receive a "Fair," please detail any remediation or further information. Use additional space if needed.

	Very Good	Good	Fair	Comments
A. Speech				
1. Clarity and volume				
2. Timing				
3. Pronunciation and emphasis				
B. Bearing				
1. Posture				
2. Degree of ease				
3. Mannerisms				
C. Appearance				
1. Professional dress and neatness				
2. Appropriate grooming/hygiene				
D. Attitude				
1. Confidence				
2. Interest				
3. Desire to Inspire				
4. Patience				
E. Knowledge of Subject and Preparedness				
1. Direct and related facts				
2. Familiarity with BLS teaching material				
3. Familiarity with ALS teaching Material (for Advanced EMT I/C applicants)				
4. Familiarity with subjects taught				
5. Familiarity with current MA Statewide Treatment Protocols (MA STP)				
6. Proper incorporation of current MA STP into lesson plans				
F. Development of Instruction				
1. Sequence				
2. Techniques utilized				
3. Ingenuity				
4. Review previous content				
5. Summarize present content				
G. Use of Teaching Aids				
1. Appropriateness of use				
2. Variety of aids used				
3. Specific procedures relating to aid				
4. Knowledge of how to use				
5. Demonstration of aids				
6. Safety of equipment				
H. Planning of Learning Area(s)				
1. Seated or standing sight lines				
2. Appropriate Classroom Lighting				
3. Appropriate Classroom Seating				

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WRITTEN EVALUATION:

Overall review regarding I/C candidate

Note: Please fill out legibly and in complete sentences. Attach second sheet if needed

ATTESTATIONS AND AUTHORIZATIONS:

- In the above course(s), this individual has demonstrated their ability to competently perform in each aspect of the course, including (but not limited to) the following, under the supervision of the lead I/C:
 - (1) Successfully develop a detailed lesson plan and teach the lesson.
 - (2) Successfully demonstrate knowledge of subject matter being taught.
 - (3) Successfully demonstrate practical skills to the entire class and supervise small group practice session(s).
 - (4) Successfully plan, arrange and/or monitor a medical specialist lecture/presentation.
 - (5) Successfully complete duties required by pertinent Department administrative requirements (ARs), including but not limited to ARs 2-200 and 2-212.
- I hereby certify under the penalty of perjury that all information contained in this application is accurate and correct

Evaluating I/C (Print):	Evaluating I/C Signature:	Date:
Program Director of Sponsoring ATI (Print):	Program Director Signature:	Date:
Applicant Name (Print):	Applicant Signature:	Date: