

**CLINICAL FACILITY EXPERIENCE DOCUMENTATION**  
**Carroll Community College**  
**Emergency Medical Services Program**  
**1601 Washington Road**  
**Westminster, MD 21157**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Dear Mentor:

The Emergency Medical Services Program at Carroll Community College requires that applicants maintain a current EMT-B status. Documentation of work/volunteer experience by a clinician who was worked with the applicant several times is required and must be submitted by August 1 of this year. We sincerely appreciate any assistance you have contributed to the preparation of the above named student by providing such an experience. Please complete this form that will become a part of the applicant's admission package. Thank you!

1. The number of calls on which the applicant and I have participated together on is \_\_\_\_\_.

2. Dates of the experiences together were from \_\_\_\_\_ to \_\_\_\_\_.  
month/year month/year

3. The primary type of involvement of the applicant was as (choose one)  
a. a volunteer  
b. a paid employee

4. The type of experience the applicant had on various calls was:  
a. observation only  
b. observation with patients  
c. some patient transport duties  
d. occasional assistance with equipment and monitoring of independent treatment activities  
e. some hands-on experience with the patients  
f. frequent assistance with treatment under staff supervision  
g. observation of the following treatments (circle all those that apply):

- |                             |                           |
|-----------------------------|---------------------------|
| Patient Assessment          | Bleeding Control          |
| Triage                      | Fracture Management       |
| Airway Management           | Spinal Immobilization     |
| CPR                         | Environmental Emergencies |
| Medical Emergencies         | Childbirth                |
| Assisting with Medications  | Pediatrics                |
| - Acetaminophen             | Behavior Emergencies      |
| - Activated Charcoal        | Intravenous Skills        |
| - Albuterol                 |                           |
| - Epinephrine Auto-injector |                           |
| - Nitroglycerin             |                           |
| - Oral Glucose              |                           |

5. Please rate the student by placing an X on the continuums, indicating level of performance:

**Listening Skills**

ignores patient or PT/PTA

attentive listener,  
responds appropriately

**Verbalization**

painfully shy,  
hesitates to speak

verbalizes well,  
comfortable conversing

**Interest**

nonparticipative,  
appears bored

shows enthusiasm,  
asks questions

**Behavior**

nuisance, late  
excessive socializing

polite, helpful

6. Please justify your selection under number 6 and add other comments that you think will assist in the evaluation of this applicant for the Emergency Medical Services Program.

Signature

Date

Printed Name and Title

Facility Name

Address

Area Code/Daytime Telephone Number

City, State Zip

This form must be mailed to:

Dan Jones  
Program Director  
Emergency Medical Services Program  
Carroll Community College  
1601 Washington Road  
Westminster, MD 21157

*Receipt of this form by August 1 is required for applicants to be eligible for admission (should be sent by overnight express if being sent the latter part of September).*