Reset Form

PRIMARY INSTRUCTOR CANDIDATE INTERNSHIP CHECKLIST

State Form 54434 (6-11)

NOTE: Documentation within the checklist indicates successful or unsuccessful completion of the internship. Unsuccessful completion will require additional attempts to successfully complete the internship and prohibit the candidate from becoming certified as a Primary Instructor unless a successful attempt is later documented by a Training Institution Official. All internship attempts must be made within the preset time limit as imposed by the Emergency Medical Services Commission approved guidelines for Internships for Primary Instructor Candidates.

Name of candidate
Name of training institution
Name of training institution official
Name of responsible affiliated primary instructor

To be completed by the Training Institutional Official. Please initial one (1) appropriate choice only.

_____ The required checklist items are listed as successful; the Primary Instructor Candidate has successfully completed the internship for certification.

_____ The required checklist items have not been successfully completed and areas needing remediation are indicated in the above report. The Primary Instructor Candidate has not successfully completed the internship and should not be certified as a Primary Instructor at this time.

SIGNATURES OF COMPLETION AND REVIEW OF THE PRIMARY INSTRUCTOR CANDIDATE INTERNSHIP CHECKLIST	
Signature of Primary Instructor Candidate	Date *(month, day, year)*
Printed name of Primary Instructor Candidate	
Signature of Primary Instructor	Date *(month, day, year)*
Printed name of Primary Instructor	
Signature of Training Institution Official	Date *(month, day, year)*
Printed name of Training Institution Official	