

PCAP Documentation Requirements

Name: _____

Date: _____

The provisional paramedic participating in the Paramedic Clinical Assessment Program must perform under the supervision of a paramedic field training mentor for a minimum of ten (10) 24 hour shifts.

The following activities must be completed and documents submitted by the Agency EMS Officer to EMS Performance Management before being release as a County Certified Paramedic:

- Copy of the current state paramedic certification
- Copy of current AHA or state accepted equivalent ACLS provider care

During Phase 1 the following should be completed:

- EMS and Radio Equipment Evaluation Form
- EMT Skills Verification checkoff sheets
- Incapacitated Patient Management Form
- Ops Bulletins (Seminole County Fire Department) only

During Phase 1-3 the following should be completed:

- Provisional Paramedic Skills Verification Checkoff sheets
- One Daily Performance Evaluation Form completed by the mentor for each 24 hour shift period (on the rescue) during the PCAP process.
- The mentor is responsible to review every EMS report written by the provisional paramedic and document the incident number(s) in the daily evaluation form.
- Fifteen (15) completed ALS Patient Contact Forms, one of them being an informed refusal. The ALS contact forms are to be filled out in detailed by the provisional paramedic. The mentor will review and document his/her comments on the form.
- Medical Director Meeting Roster documenting three (3) separate meetings providing five (5) reports total to be reviewed by the Medical Director, which consists of three (3) ALS transports and two (2) informed refusals. The provisional paramedic will take a maximum of 2 reports to each meeting. The copy of the reviewed report(s) and roster must be signed off by the Medical Director. All five (5) reports and roster will be submitted to the Agency EMS Officer.

Once all the above requirements have been met, the following can be scheduled:

- Seminole County EMS Protocol Test and Dysrhythmia/EKG Recognition Test.
- Skills Check/mega code scenario.

Once the Successful completion of the above, the following must be completed:

- Signed Completion of Seminole EMS Provisional Requirement on Agency letterhead
- Completed Mentor Evaluation Form

I/We) have read and understand the requirements set forth in the Paramedic Clinical Assessment Program. My signature below acknowledges that all requirements of the Paramedic Clinical Assessment must be completed without exception in order to be released as a County Certified Paramedic.

Provisional Paramedic Signature

Mentor Signature