ECRN

MCLEAN COUNTY AREA EMS SYSTEM

EMERGENCY COMMUNICATIONS REGISTERED NURSE

FIELD TIME SHIFT SUMMARY REPORT

Student to complete:

Name	
Hospital	

Date	
Site	
Time	to
Total Hours	

Shift Summary:

_____
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Evaluation:

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_____ _____ _____

Preceptor Name, PRINTED | Preceptor, Signed | Date

_____

Student, Signed