

# CLI Internship Completion Report

CLI (Intern) \_\_\_\_\_ EMT # \_\_\_\_\_  
Course Sponsor \_\_\_\_\_ Course # \_\_\_\_\_  
Supervising CIC \_\_\_\_\_ CIC # \_\_\_\_\_

*Document your detailed observations of each objective in the shaded areas on this report.*

1. Demonstrates a mastery level performance of psychomotor skills.

Yes  No

2. Understands the principles behind the skills in the EMT program.

Yes  No

3. Able to conduct logical and accurate demonstrations.

Yes  No

4. Manages lab time to minimize "lecture" time and maximize "practice" time.

Yes  No

5. Demonstrates the ability to observe students and provide corrective feedback.

Yes  No

6. Able to adapt teaching techniques and practice to meet individual student's needs.

Yes  No

7. Able to analyze skill performance, detect and correct students difficulties.

Yes  No

8. Shows a positive regard for the students.

Yes  No

## COMMENTS

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I certify that the CLI Intern noted above has successfully completed the objectives of the CLI internship as outlined in the NYS EMS Program Policy Statement 90-3. I have reviewed this form with the Intern and provided him/her with a copy.

I recommend this intern for CLI certification.

Supervising CIC Signature \_\_\_\_\_ Date \_\_\_\_\_