



Paramedic Training Program Quarterly Report

1005-A

REPORTING PERIOD

Year:

Quarter: Q1 (1/1 – 3/31) Q2 (4/1 – 6/31) Q3 (7/1 – 9/30) Q4 (10/1 – 12/31)

PARAMEDIC TRAINING PROGRAM INFORMATION AND PERSONNEL

Paramedic Training Program:

Program Director:

Primary Instructor:

Additional Instructor:

Additional Instructor:

Additional Instructor:

Additional Instructor:

Clinical Coordinator:

Field Coordinator:

Medical Director:

Number Of Lab Instructors:

Indicate below any additional pertinent training program personnel information/changes/notes

NEW CLASS STARTS

Indicate below any new class starts that occurred during the quarter (include location, didactic beginning/ending dates and number of enrolled students)



COMMUNICATIONS/PROGRAM UPDATES/PROGRAM ISSUES

Indicate below any LEMSA communications or LEMSA meetings attended during the quarter (do not include routine student field internship placement notifications)

Indicate below any CoAEMSP/CAAHEP communications during the quarter

Indicate below any substantive changes related to the provision of student hospital clinical experience or field internship (new/cancelled contracts, significant contract changes/issues)

Indicate below any current delays in placing students in the clinical or field internship phase of their training, and what is being done to address the issue(s) if applicable



COMMUNICATIONS/PROGRAM UPDATES/PROGRAM ISSUES (continued)

Indicate below a summary and outcome of any student complaints received/addressed during the quarter

Indicate below any other pertinent program issues/concerns/notes/etc.

REPORT SUBMISSION INFORMATION

Name and Title of Person Completing/Submitting Report:

Date of Report Submission to S-SV EMS: