Main Line Health System
Department of EMS
Paramedic Student Affiliation Orientation Documentation

1. Mission, Vision and Values

2. General Information for Instructors and Students
   a. Parking
   b. Security Info
   c. Culture of Safety
   d. Dress Code
   e. Patient Safety Goals
   f. How to obtain badge
   g. Orientation review quiz (return to dept. liaison)

3. Paramedic Instructor Review:
   a. Expectations – Training Guideline
   b. Confidentiality form
   c. Student Assignments
   d. Cancellation of Ride Time

4. Bring with you to your Ride Time internship in addition to this signed form
   a. School Preceptor forms
   b. Signed Statement of Responsibility and Confidentiality

School Name _________________________________________________________

Assigned lead Preceptor: _______________________________________________

Scheduled Clinical days on the Unit: _______________________________________

I _______________________________ verify that I have (a) reviewed all the above
training material and have returned the completed paperwork to my preceptor.

_____________________________________________             __________________
Signature of Paramedic Student              Date

**To be returned to the department liaison on or before the first clinical day**