

# ALS ORIENTATION FORM - Enhanced

Name: \_\_\_\_\_ Level: Enhanced

Date  
Satisfactory

Preceptor's  
Signature

Exchange procedure for IV boxes:

Bayside/Princess Anne	_____	_____
Beach General	_____	_____
Chesapeake General	_____	_____
Leigh	_____	_____
Princess Anne	_____	_____
Norfolk General	_____	_____

Exchange procedure for drug boxes:

Bayside	_____	_____
Beach General	_____	_____
Chesapeake General	_____	_____
Leigh	_____	_____
Princess Anne	_____	_____
Norfolk General	_____	_____

Knowledge of protocols and procedures and use of equipment:

Combi-tube	_____	_____
Glucometer	_____	_____
MRL	_____	_____
Nightingale	_____	_____

Knowledge of recertification requirements:

**Continuing Education** \_\_\_\_\_

Knowledge of policies:

Chain of Command	_____	_____
Communications	_____	_____
ALS Expectations Policy	_____	_____

Knowledge of protocols:

Enhanced protocols: \_\_\_\_\_

Ready for release to general supervision:

I acknowledge Intern knows protocols, medications and is able to use ALS equipment.

ALS FTO signature: \_\_\_\_\_ Date: \_\_\_\_\_

ALS FTO Name print: \_\_\_\_\_