

## PCAP Completion Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_\_

The provisional paramedic participating in the Provisional Clinical Assessment Program must perform under the supervision of a Paramedic Field Training Mentor for a minimum of ten (10) 24 hour shifts.

### Documentation to Initiate PCAP Program

- ☐ Copy of current AHA or state accepted equivalent ACLS provider card
- ☐ Copy of the current state paramedic certification

### Completion Evaluation

When the mentor and provisional paramedic feel comfortable with his/her performance, the provisional paramedic must then successfully undergo the following testing and evaluation activities:

- ☐ Complete a timed 100 item written paramedic knowledge test.
- ☐ Complete a static ECG recognition and identification test.
- ☐ ALS Skills qualification checks (skills check offs).
- ☐ Scenario based final evaluation with dynamic ECG identification evaluation (megacode).

### Documentation

The following activities must be completed and documents submitted with the final PCAP packet to EMS Performance Management before being released as a County Certified Paramedic:

- ☐ Medical Director Meeting Roster documenting three separate meetings and five (5) reports reviewed by the Medical Director three (3) of those being transports and two (2) of those must be informed refusals. The copy of the reviewed reports must be signed off by the Medical Director and attached to the roster.
- ☐ Fifteen (15) completed ALS Patient Contact Forms, one of them being an informed refusal. The ALS contact forms are to be completed by the provisional paramedic and reviewed signed off by the mentor.
- ☐ Completed Practice Parameter and procedure sign off lists.
- ☐ One Daily Performance Evaluation Form completed by the mentor for each 24 hr shift period during the PCAP process
- ☐ Signed Completion of Seminole County EMS Provisional Requirements form

The provisional paramedic must complete and submit to the agency EMS Officer:

- ☐ Completed Mentor Evaluation Form