



ECRN RADIO ORIENTATION
PRECEPTED RADIO COMMUNICATION EVALUATION

ECRN CANDIDATE: _____

Rating 1- Excellent 2- Satisfactory 3- Needs Improvement

REPORT 1: Date: _____ Precepting ECRN: _____
Time: _____

Table with 4 columns: Skill, 1, 2, 3. Rows include Operates radio system correctly, Demonstrates effective radio communication skills, Displays a working knowledge of EMS Protocols/Policies, Documents Report Data Appropriately.

Precepting ECRN Comments:

REPORT 2: Date: _____ Precepting ECRN: _____
Time: _____

Table with 4 columns: Skill, 1, 2, 3. Rows include Operates radio system correctly, Demonstrates effective radio communication skills, Displays a working knowledge of EMS Protocols/Policies, Documents Report Data Appropriately.

Precepting ECRN Comments:

REPORT 3: Date: _____ Precepting ECRN: _____
Time: _____

Operates radio system correctly	1	2	3
Demonstrates effective radio communication skills	1	2	3
Displays a working knowledge of EMS Protocols/Policies	1	2	3
Documents Report Data Appropriately	1	2	3

Precepting ECRN Comments:

REPORT 4: Date: _____ Precepting ECRN: _____
Time: _____

Operates radio system correctly	1	2	3
Demonstrates effective radio communication skills	1	2	3
Displays a working knowledge of EMS Protocols/Policies	1	2	3
Documents Report Data Appropriately	1	2	3

Precepting ECRN Comments:

REPORT 5: Date: _____ Precepting ECRN: _____
Time: _____

Operates radio system correctly	1	2	3
Demonstrates effective radio communication skills	1	2	3
Displays a working knowledge of EMS Protocols/Policies	1	2	3
Documents Report Data Appropriately	1	2	3

Precepting ECRN Comments:

REPORT 6: Date: _____ Precepting ECRN: _____
Time: _____

Operates radio system correctly	1	2	3
Demonstrates effective radio communication skills	1	2	3
Displays a working knowledge of EMS Protocols/Policies	1	2	3
Documents Report Data Appropriately	1	2	3

Precepting ECRN Comments:

REPORT 7: Date: _____ Precepting ECRN: _____
Time: _____

Operates radio system correctly	1	2	3
Demonstrates effective radio communication skills	1	2	3
Displays a working knowledge of EMS Protocols/Policies	1	2	3
Documents Report Data Appropriately	1	2	3

Precepting ECRN Comments:

REPORT 8: Date: _____ Precepting ECRN: _____
Time: _____

Operates radio system correctly	1	2	3
Demonstrates effective radio communication skills	1	2	3
Displays a working knowledge of EMS Protocols/Policies	1	2	3
Documents Report Data Appropriately	1	2	3

Precepting ECRN Comments:

REPORT 9: Date: _____ Precepting ECRN: _____
Time: _____

Operates radio system correctly	1	2	3
Demonstrates effective radio communication skills	1	2	3
Displays a working knowledge of EMS Protocols/Policies	1	2	3
Documents Report Data Appropriately	1	2	3

Precepting ECRN Comments:

Once completed, submit form to; EMS Office Front Street c/o Rachel Harm via Interoffice mail.
Please make copy for your files. All calls are subject to EMS office/ coordinator review.



ECRN Candidate
Printed Name: _____

ECRN Candidate
Signature: _____

MWLC EMS ECRN
Course Lead Instructor Name:

MWLC EMS ECRN
Course Lead Instructor Signature;

MWLC EMS Coordinator Name:

MWLC EMS Coordinator Signature:
