

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
EMERGENCY MEDICAL SYSTEMS

PROVISIONAL EMS INSTRUCTOR APPLICANTS EVALUATION REPORT

Print all information unless otherwise noted

NAME: _____ EMS #: _____ EXPIRES: _____

LEVEL OF CANDIDATE: _____ COURSE NUMBER: _____ # IN CLASS: _____

SUPERVISING INSTRUCTOR: _____ EMS or RN #: _____

1. Topic taught: _____ Allotted time: _____

2. Started on time? Yes No

3. Material organized? Yes No

4. Presented correct material according to current NHTSA Standards? Yes No (if no, explain)

5. Demonstrations done correctly? Yes No (if no, explain)

6. Teaching techniques: Demonstration Didactic Monitored instruction Skills Other _____

Comments: _____

7. Use of visual aids? Yes No

If yes, type used: _____

Were they effective? (explain) _____

8. Suggestions for improvement of presentation: _____

Supervising Instructor's Signature: _____ Date: _____
Sign in BLUE ink

Provisional Instructor's Signature: _____ Date: _____
Sign in BLUE ink

Comments by Provisional Instructor if needed: _____

*** One form must be completed each time the provisional instructor teaches and submitted with the Application for EMS Instructor Endorsement.**