



BASIC LIFE SUPPORT PRECEPTOR FORM

Candidate's Name: _____ SSN: _____

Preceptor's Name: _____ SSN: _____

Agency: _____ Agency #: _____

SKILL

PATIENT ASSESSMENT

Physical Exam	_____
Vital Signs	_____
Lung Sounds	_____

OXYGEN MAINTENANCE

Oxygen Administration	_____
Suctioning	_____
Bag Valve	_____

BASIC SKILLS

CPR	_____
Control Bleeding	_____
Spinal Immob.	_____
Splinting	_____
AED	_____
Vehicle Check Off	_____
PPCR	_____

Candidate Signature: _____

Preceptor Signature: _____