



**ECRN Required Field Experience  
(8 Hours)**

This is to verify that, \_\_\_\_\_ has completed the 8-hour field experience, as required for their licensure as an ECRN in the Southwestern Illinois EMS System.

Please list what protocols if any you observed used during your ride.

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\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
EMS Provider Signature

\_\_\_\_\_  
Date