



Northern Region Emergency Medical Services

5510 East State Street, Rockford, Illinois 61108 □ (815) 395-5254 □ Fax: (815) 395-4623

**Paramedic Education Program
Clinical / Field Internship
Unusual Occurrence Report**

Date / Time: _____
Site: _____ Department: _____
Phone number: _____ extension: _____

Student Name: _____

Reported by: _____

Description:

Please complete and return to the Paramedic Education Program Coordinator
by mail, fax or email: lisa.r.kirane@osfhealthcare.org