



PARAMEDIC INTERN ONBOARDING
Operational Policy

Initial onboarding request may be emailed from FD Admin to OEM EMS Education manager

Onboarding Files:

1. All necessary documents
2. Attestation letter(s) from EMS liaison
4. Medical Director recommendation

Intern Target Solutions Assignments

- Practice Guidelines
- Operational Policies
- Practical Skills
- Tools
- HSPT Training
- Last CE review
- Recent OEM Numbered Notices

Competency Evaluations:

- Guideline Review Exam

FD Responsibility / Member Responsibility

- Submit registration form
- Assign Onboarding Education
- Confirm HSPT completed & confirmation form submitted. Enter certificate# in registration form
- Complete profile in Target Solutions
- Review & readiness for evaluation
- Attestation letter(s)
 - FD member in good standing
 - Positioned to succeed
 - Studied, trained, prepared
 - FD supports member
- Confirm intern status in ePCR
- OPIQ account/fingerprinting

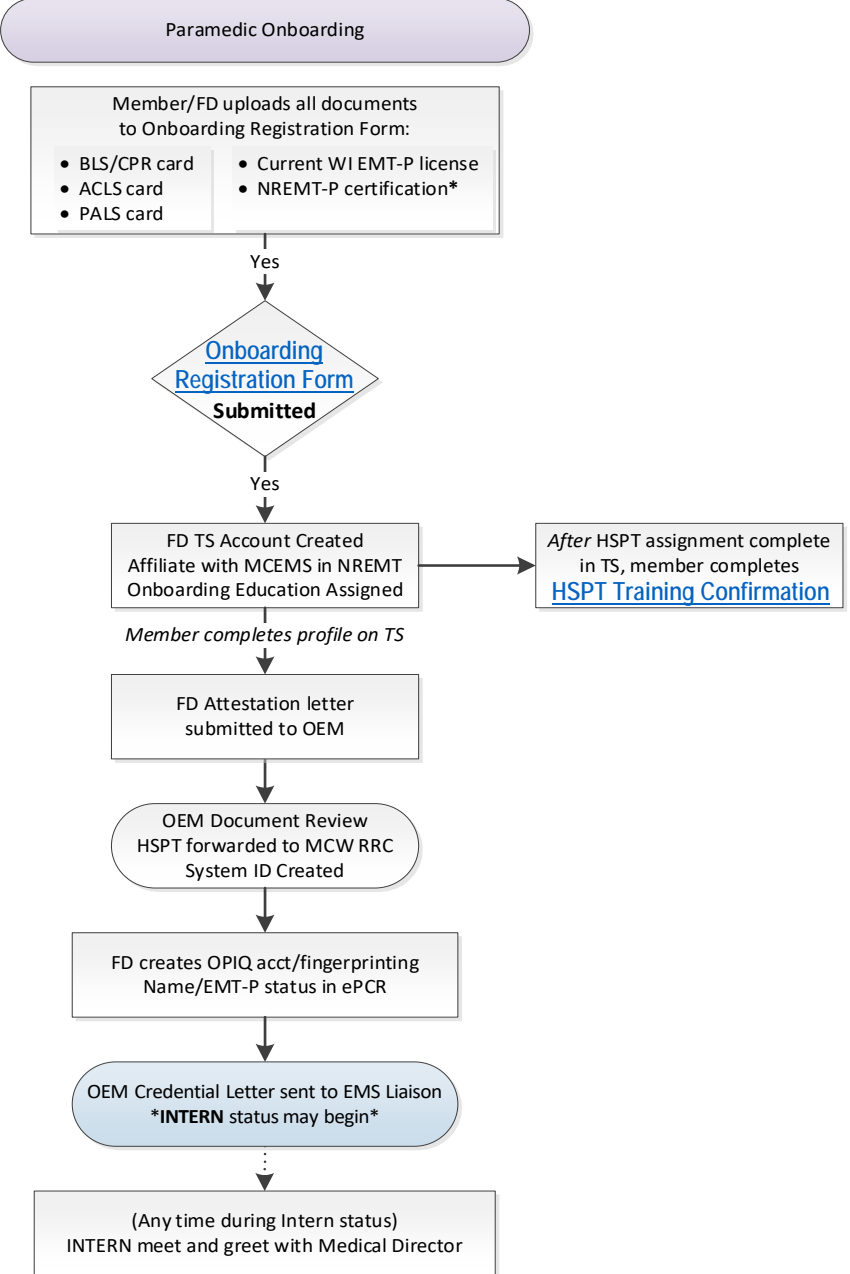
OEM:

- Confirms license and certifications
- Notifies MCW/RRC
- Confirms TS assignment completion
- Completes affiliation in e-licensing
- Creates paramedic number
- Credential letter confirms Intern Paramedic status

***NOTE: Applicants must obtain NREMT-Paramedic certification within 6 months of establishing OEM-EMS Paramedic Intern status.**

Resources / links:

- [Onboarding Registration Form](#)
- [HSPT Training Confirmation](#)
- [Onboarding Checklist \(FD internal tracking\)](#)





Milwaukee County Office of Emergency Management

New Hire Onboarding and Intern Checklist

Name: _____ Department: _____

Onboarding Phase

Onboarding 1

	Complete Department Onboarding
	Create Target Solutions account with Fire Department
	Affiliate with Milwaukee County EMS in NREMT
	Onboarding education assignment and HSPT assignment complete
	Onboarding Registration Form completed — FORM

Date Onboarding 1 complete:



Onboarding 2

	Onboarding Credential Letter received
	FD creates OPIQ account/fingerprint
	Name/EMT-P status in ePCR

Date Onboarding 2 complete:

Date Onboarding Phase complete:

Intern Phase

	15 Shift Evaluations complete — FORM
	3 Monthly Officer Evaluations complete — FORM
	Mid and Final Self Evaluations complete — FORM
	1 Call Entered into CQIP — GUIDANCE QI EMAIL
	Meet and Greet with Medical Director attended
	Full Practice Simulation Complete — FORM
	Full Practice Request Form complete — FORM
	Full Practice Letter received

Date Intern Phase complete:
