

ALAMEDA COUNTY PARAMEDIC PRECEPTOR RENEWAL APPLICATION

Version 7.2019

NAME:	
AGENCY:	
PARAMEDIC LICENSE #:	EXPIRATION DATE:
PRECEPTOR EXPIRATION DATE:	

INTERNS IN THE LAST TWO YEARS

P-PASS F-FAIL R –REMEDiate D – STUDENT DROPPED
(CIRCLE ONE)

NAME:	P F R D
TRAINING PROGRAM:	INTERNSHIP END (MM/YY)
NAME:	P F R D
TRAINING PROGRAM:	INTERNSHIP END (MM/YY)
NAME:	P F R D
TRAINING PROGRAM:	INTERNSHIP END (MM/YY)

CONTINUING EDUCATION

8 SUPPLEMENTAL HOURS OF EMS EDUCATION CEU (INCLUDING CEUs AWARDED FOR PROVIDING AN INTERNSHIP)

COURSE NAME:	
DATE:	CE PROVIDER #:
CE PROVIDER NAME:	HOURS:
COURSE NAME:	
DATE:	CE PROVIDER #:
CE PROVIDER NAME:	HOURS:
COURSE NAME:	
DATE:	CE PROVIDER #:
CE PROVIDER NAME:	HOURS:

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Have you had any reported clinical issues in the last two years? Y N

If yes, please give date, details, and outcome:

My signature below attests that all information submitted is true and represents the request to continue my role as a paramedic preceptor as described by the Alameda County EMS Paramedic Preceptor Program Policy.

SIGNATURE:
RENEWAL APPLICATION DATE:

Signature below represents the recommendation and support by your department/agency for the paramedic listed above to continue his/her role as a paramedic preceptor as described by the Alameda County EMS Paramedic Preceptor Program Policy.

EMS COORDINATOR OR TRAINING MANAGER SIGNATURE:
PRINT NAME:
AGENCY:
DATE: