



ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES AGENCY Paramedic Preceptor Application

Name: _____
 Last First MI

Address: _____
 Street City State Zip County

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Employer: _____

Who is your EMS Coordinator? _____

Number of years of experience as a paramedic: (two years total required): _____ **In Alameda County:** _____

Date promoted to a level 3 paramedic? _____ **(one year minimum required)**
 (MM/DD/YYYY)

EDUCATION

Paramedic School attended: _____ **Date graduated:** _____
 (MM/DD/YYYY)

Field Preceptor Training Workshop attended: _____ **Date completed:** _____
 or (MM/DD/YYYY)

significant teaching experience
 (see Paramedic Preceptor Requirements Policy, section 3.4.1 - attach proof of completion)

Education higher than high school? Yes No **If yes, what degree/subject matter:** _____

EXPERIENCE

Did you work as an EMT before attending paramedic school? Yes No **If yes, for how many years?** _____

California Paramedic License #: _____ **Expiration Date:** _____
 (MM/DD/YYYY)

ADDITIONAL CERTIFICATIONS

Are you currently certified in all required Core Courses? Yes No

CPR ACLS BLS PEPP PALS or BTLS or PHTLS

Are you a certified instructor for any of the Core Courses? Yes No

CPR ACLS BLS PEPP PALS BTLS PHTLS

This section to be completed by the applicant
**I understand that all the information on this application is subject to verification.
 I certify that the information provided is true and correct to the best of my ability.**

Sign here: _____ **Date:** _____
 (MM/DD/YYYY)

This section to be completed by the provider agency EMS Coordinator
**I hereby recommend this individual for approval as a preceptor in Alameda County.
 This individual meets all requirements and has no documented incidents requiring remediation during the past calendar year.**

Sign here: _____ **Date:** _____
 (MM/DD/YYYY)

Printed Name: _____