

**ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES AGENCY  
Paramedic Preceptor Application**

Name: \_\_\_\_\_ Phone: [ ] -  
Address: \_\_\_\_\_ Employer:  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Who is your EMS Coordinator?  
e-mail: \_\_\_\_\_ @  
Number of years experience as a paramedic Total: \_\_\_\_\_ In Alameda County:  
Date promoted to a level 3 paramedic? / /

**EDUCATION**

Paramedic School attended: \_\_\_\_\_ Date Graduated: / /  
Field Preceptor Training Workshop attended: \_\_\_\_\_ Date completed: / /  
or  
Significant teaching experience  
(see Preceptor Responsibilities policy #4.4.1 - attach proof of completion)  
Education higher than high school?  Yes  No  
If yes, what degree or 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: / /  
Alameda County paramedic accreditation Date Issued: / /

**COMMITMENT TO EXCELLENCE IN PREHOSPITAL CARE**

Why do you want to be a preceptor in Alameda County?

Are you currently certified in all required Core Courses?  Yes  No  
 CPR  ACLS  BLS  PEPP or  PALS  BTLS or  PHTLS  
Are you a certified instructor for any of the Core Courses?  Yes  No  
 CPR  ACLS  BLS  PEPP or  PALS  BTLS or  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: / /

*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: / /