



County of Erie

DEPARTMENT OF HEALTH
Division of EMS

Erie County EMS Paramedic Program Preceptor Application

In order for a paramedic to be considered as a preceptor, the applicant must submit this completed application and satisfy the following:

- Must be a paramedic of at least 3 years.
- Must be employed and practicing as a paramedic at a transporting agency.
- Must not have had any patient care issues within the last 12 months.
- Must not have been pulled offline in the region or in NYS at any time.
- Must not have received complaints within the last 12 months.
- Must be approved to serve as a preceptor by their primary agency.

Name:	
Address:	
Phone:	Email:
NYS Cert #:	Years as a Paramedic:

Work Experience

Current Primary EMS Agency	
Service Name:	
Employment Dates (MM/YYYY to MM/YYYY):	Number of hours worked/week:
Supervisor (Name & Title):	
Supervisor Contact Phone Number:	

Previous and/or Secondary EMS Agency	
Service Name:	
Employment Dates (MM/YYYY to MM/YYYY):	
Supervisor (Name & Title):	
Supervisor Contact Phone Number:	

Previous and/or Additional EMS Agency
Service Name:
Employment Dates (<i>MM/YYYY to MM/YYYY</i>):
Supervisor (<i>Name & Title</i>):
Supervisor Contact Phone Number:

By signing this, I agree to follow all policies and procedures of the Erie County Department of Health EMS Paramedic Internship Program.

Preceptor Name (*Print*)

Signature

Date

I attest that the provider listed above has not had any patient care issues in the past year, models positive behavior as a paramedic, and is approved to serve as a preceptor.

Agency Administrator Name and Title (*Print*)

Signature

Date

The provider listed above is approved to serve as a preceptor in the Erie County Department of Health EMS Paramedic Internship Program.

Paramedic Program Medical Director Name (*Print*)

Signature

Date

Paramedic Program Director Name (*Print*)

Signature

Date