



EMS ACADEMY

Application for Paramedic Preceptor

Date of Application: _____ DOB: _____

Name: _____
Last First Middle

Home Address: _____
Number Street City State Zip

Contact Phone: _____

Email Address: _____ [so I can read it]

EMT-P License Number*: _____ Year of original EMT-P licensing: _____
(*Please attach a copy of your EMT-P license and all Certifications to this application)

Department that you work: _____

PLEASE NOTE:

Before you can be accepted as a Preceptor for CSCC EMS education, an EMAIL from the Director of your department will be required confirming their agreement on your possible selection to this position.

Certifications	Date of Expiration
ACLS	
PALS	
PHTLS/BTLS/ITLS	
BLS	

I hereby attest that the above information is true and accurate to the best of my knowledge and that I have completed the PRECEPTOR TRAINING.

Signature

Date

SEND COMPLETED APPLICATIONS TO:

Dcauthen1@columbiastate.edu