Jefferson County EMS Preceptor Application

This application is required to apply to be a Preceptor for the Advanced EMT Program.

How to apply to be an Advanced EMT preceptor:

- 1) Attach copies of the following to the application:
 - a. Current EMT certification card
- 2) Agency Representative must sign application
- 3) Submit applications to Jefferson Community EMS:

Jefferson County EMS 531 Meade Street Watertown, NY 13601

<u>Selection process:</u> Once application requirements are complete, eligible applicants and their agency will be notified of status by email. In order to be considered as a preceptor, you must be an Advanced EMT or higher for a minimum of one year. There cannot be any CQI issues within the last year or any open CQI cases.

Advanced EMT Preceptor Application

Name:		
(Last)	(First)	(MI)
Address:	Phone: _	
	Cell:	
	Best time	e to call:
Email:		
EMT#:		
List your health care credential	s or licenses other than EMT:	
EMS experience (attach addit Agency/company	Your title	Datas (to from)
(including address and phone #)	four title	Dates (to-from)
		Vo <u>lunt</u> eer Paid
Agency/company	Your title	Dates (to-from)
(including address and phone #)		Well steen Beld
		Volunteer Paid
Agency/company	Your title	Dates (to-from)
(including address and phone #)		Voluntoon Doid
		Volunteer Paid
Non-EMS experience (attach a	idditional pages if necessary)	
Agency/company	Your title	Dates (to-from)
(including address and phone #)		Vo <u>lunt</u> eer <u>Paid</u>
		Volunteer Paid
Agency/company	Your title	Dates (to-from)
(including address and phone #)		
		Volunteer Paid

Certification/Release by Applicant

I, the undersigned, acknowledge that the information set forth in this document and attachments are true and accurate to the best of my knowledge. I give Jefferson Community EMS and designated members of the Advanced EMT Program permission to contact references at EMS agencies or employers listed. I understand that any information given in references will remain confidential between the County and references. I hereby hold harmless any and all liability from Jefferson County, and references resulting from providing information regarding my character and abilities.				
	Date: / / /			
Signature of Applicant	Date:// (MM) (DD) (YYYY)			
Name Agency Authorized Representative	Title			
	Date: / / /			
Signature of Authorized Representative	Date:// (MM) (DD) (YYYY)			
Attach the following to this application:				

Copy of EMT Card