

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 Advanced EMT certification card
- 2) Agency Representative must sign application
- 3) Submit applications to Jefferson County EMS:

Jefferson County EMS
531 Meade Street
Watertown, NY 13601

Selection process: 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 to call: _____

Email: _____

EMT#: _____

List your health care credentials or licenses other than EMT: _____

EMS experience (attach additional pages, if necessary)

Agency/company (including address and phone #)	Your title	Dates (to-from) Volunteer <input type="checkbox"/> Paid <input type="checkbox"/>
Agency/company (including address and phone #)	Your title	Dates (to-from) Volunteer <input type="checkbox"/> Paid <input type="checkbox"/>
Agency/company (including address and phone #)	Your title	Dates (to-from) Volunteer <input type="checkbox"/> Paid <input type="checkbox"/>

Non-EMS experience (attach additional pages if necessary)

Agency/company (including address and phone #)	Your title	Dates (to-from) Volunteer <input type="checkbox"/> Paid <input type="checkbox"/>
Agency/company (including address and phone #)	Your title	Dates (to-from) Volunteer <input type="checkbox"/> Paid <input type="checkbox"/>

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 County 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.

Signature of Applicant

Date: ____/____/____/
(MM) (DD) (YYYY)

Name Agency Authorized Representative

Title

Signature of Authorized Representative

Date: ____/____/____/
(MM) (DD) (YYYY)

Attach the following to this application:

_____ Copy of Advanced EMT Card