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

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)

<table>
<thead>
<tr>
<th>Agency/company (including address and phone #)</th>
<th>Your title</th>
<th>Dates (to-from)</th>
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<tr>
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<td>Volunteer</td>
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## Non-EMS experience (attach additional pages if necessary)

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</tbody>
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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.

______________________________________________________________
Signature of Applicant

______________________________________________________________
Name Agency Authorized Representative

______________________________________________________________
Signature of Authorized Representative

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

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

Attach the following to this application:

________     Copy of EMT Card