



APPLICATION FOR PARAMEDIC PRECEPTOR/EVALUATOR

NAME: _____ Last First M.I.

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE #: (____) _____ WORK PHONE #: (____) _____

HOME PHONE #: (____) _____ OTHER PHONE #: (____) _____

EMAIL ADDRESS: _____

CA PARAMEDIC LICENSE #: _____ INITIAL ISSUE DATE: _____ EXPIRATION DATE: _____

INITIAL NAPA COUNTY ACCREDITATION DATE: _____ CURRENT ALS EMPLOYER: _____

PRECEPTOR/EVALUATOR WORKSHOP PROGRAM: _____ DATE: _____ INSTRUCTOR(S): _____

COUNTY ACCREDITATION(S) CURRENT/PRIOR: _____

Have you ever been the subject of formal prehospital care certification/licensure disciplinary action or proceeding or had your certification/licensure placed on probation? YES [] No []

If yes, explain: _____

Applicant's Signature: _____ Date: _____

AGENCY ENDORSEMENT

This portion must be completed by an authorized personnel of the provider agency which the applicant will Precept/Evaluate.

I recommend the above named applicant be approved as a Preceptor/Evaluator within the NCEMSA and applicable to our agency/organization.

NCEMSA Authorized ALS Provider Agency: _____ Date: _____

Authorizing Personnel: _____ Title: _____ Signature: _____

Forward completed application with a copy of the applicant's Preceptor/Evaluator workshop CE certificate to:

Napa County EMS Agency
2751 Napa Valley Corporate Drive, Bldg. B
Napa, CA 94558
Office: (707) 253 - 4341
Fax: (707) 299 - 4126
Email: ems@countyofnapa.org

FOR OFFICE USE ONLY

Application Received: _____ Approved: _____ Denied: _____

Reviewed by (Name): _____ Title: _____ Signature: _____