



County of Montgomery

Division of Emergency Medical Services

Paramedic Preceptor Application



Applicant Information:

Name: _____

Address: _____

Phone: (____) _____, home (____) _____, work/pager

Phone number for student publication (____) _____

Paramedic certification number: _____.

Date first certified as a paramedic: ____/____/____.

e-mail address _____.

This is to certify that I am making application for recognition as a Montgomery County Paramedic Training Preceptor. I will, if requested, submit to an interview performed by the Medical Command Committee, or their designee. I understand that if accepted, I will serve without salary or any reimbursement or insurance coverage by the County of Montgomery or the Montgomery County Emergency Medical Services Council. I further agree, that if accepted, I will abide by all rules and regulations promulgated by the County Medical Command Committee and EMS Medical Director. I also understand that this recognition is by appointment of the County Emergency Medical Services Medical Director and Command Committee who shall have full monitoring, evaluation, and removal authority.

Applicants Signature

Date

Approved: _____ (sign)

Squad ALS Coordinator or Designee

(Print)

Date

Approved: _____ (sign)

Squad Medical Advisor

(Print)

Date

Requirements: 3 years Current Active command status in Montgomery County

Enclosures:

- Copy of current paramedic certification,
- Copy of BCLS and ACLS provider card,
- Copy of PALS Provider and any instructor certs. (if applicable),
- Letter of recommendation from squad ALS Committee or their designee, signed by squad Medical Advisor.
- Photo, passport type/size,
- Current Resume,

Any out-of-county performance or skill statistics.

Processing Information

EMS Office Use Only:

Application received: _____

Date Initials

Credentials received: _____

Date Initials

Photo received: _____

Date Initials

Recommendation received: _____

Date Initials

Applicant's records have been checked and he/she is a currently certified Pennsylvania Paramedic and on active medical command status with our county.

_____ (sign)
