

COUNTY OF MONTGOMERY

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Montgomery County
Department of Public Safety

Division of Emergency Medical Services

EMS Training Institute

1175 Conshohocken Road

Conshohocken, PA 19428

Phone: 610-278-2666 Fax: 610-278-6254

www.dps.montcopa.org

MONTGOMERY COUNTY EMS TRAINING INSTITUTE

PRECEPTOR APPLICATION

- ALS/BLS APPLICATION**
- BLS ONLY APPLICATION**

Name: (please print) _____

Address: _____

Phone number for student contact: _____

Email address: _____

Certification number: _____

This is to certify that I am submitting an application as a Montgomery County EMS Preceptor for the provider level noted above. If requested, I will submit to an interview performed by the Medical Advisory Committee or their designee.

I understand that if accepted, I will serve without salary or reimbursement or insurance coverage by the County of Montgomery.

I further agree that I will abide by all the rules and regulations set forth by the Medical Advisory Committee and the EMS Medical Director.

I also understand that this recognition is by appointment of the Medical Advisory Committee and the Medical Director who shall have full monitoring, evaluation and removal authority.

Applicants signature

Date

Requirements: At least 3 years as an active EMS provider

Please provide the following documents with your application

- Copy of your current provider certification
- Copy of your current CPR card
- Letter of recommendation from your squad supervisor
- Current resume

EMSOFFICE USE ONLY:

Application received:

Date

Initials

Credentials verified:

Date

Initials

- Administrative Action Present

Educational Advisory Committee (EAC)

Reviewed:

Date

Initials

Medical Advisory Committee (MAC)

Reviewed:

Date

Initials

Recommendation of EMS Office, EAC and MAC:

- APPROVED
- DENIED
- FURTHER REVIEW REQUIRED

EMS Medical Director Signature

Date