

**Northwest Community Healthcare Paramedic Program
Preceptor Application 2019**

Name:	Employer:
Phone #:	Shift: <input type="checkbox"/> 1 st /Black <input type="checkbox"/> 2 nd /Red <input type="checkbox"/> 3 rd /Gold
e-mail address:	Date of original EMT-P/PHRN licensure:
Original EMS education site:	Date of NWC EMSS entry:

Prior teaching experience (EMS or other) and additional certifications (Submit current card/license if applicable)		
<input type="checkbox"/> CPR instructor	<input type="checkbox"/> Fire fighter instructor	<input type="checkbox"/> Community educator
<input type="checkbox"/> ACLS, BTLS, PHTLS Instr.	<input type="checkbox"/> Illinois Lead Instructor	<input type="checkbox"/> Preceptor for EMT or PM classes
<input type="checkbox"/> PALS/PEPP Instructor	<input type="checkbox"/> Peer I or II educator	<input type="checkbox"/> Peer III or IV educator
<input type="checkbox"/> Other: Please list		
Preceptor applicant: Please give a brief description of why you would like to be accepted as a Field Training Officer/Preceptor.		
Previously completed the NWC EMSS Preceptor course? _____ Date of last attendance: _____		

I recommend this candidate for preceptor status in the NWC EMSS.	
Signature Chief/EMS CEO or ED supervisor::	Date:

Forward to assigned System hospital EMS Coordinator/Educator.

Qualifications	RN verification
Currently licensed as a Paramedic/PHRN in good standing in the NWC EMSS	
No sustained complaints relative to patient care or allegations of ethical violations that would suggest high risk behavior in the past year per Policy G-1	
Has 2 years' experience as a Paramedic/PHRN in the NWC EMSS meeting all System requirements	
Has had direct patient care in at least 6 of the last 12 months. (If they have not provided direct patient care during that time, submit how they have maintained full knowledge and competency of EMS principles and skills.)	

KEY: SA: Strongly agree A: Agree D: Disagree SD: Strongly disagree

Rating of recommended qualifications:	SA	A	D	SD
Skilled in EMS care; adherence to best practice care guidelines and System standards				
Good to excellent critical thinking skills: Makes effective decisions; able to articulate reasons for actions while performing them; flexibility to change; and ability to adapt to new situations				
Excellent interpersonal skills (emotional intelligence): maintains positive working relationships; non-judgmental attitude toward co-workers;				
Shows genuine interest in others and a willingness to teach; displays sincere interest in professional development for self and others				
Skilled in peer evaluation: Ability to evaluate performance and coach behavior in an effective manner				
Patience				

This candidate is qualified and appropriate for preceptor status in the NWC EMSS.	Yes	No
Signature of Hospital EMSC/educator _____	Date: _____	

If YES: Forward to Mike Gentile (mgentile@nch.org); fax: 847-618-4489 If NO: Continue on back.

If a concern is raised by the Hospital EMSC/Educator that a candidate may not be qualified or appropriate based on program guidelines, a discussion shall take place between the hospital EMSC/educator and the Agency Chief/EMS CEO or his or her designee to clarify the objections and reach consensus.

Summary of discussion:

If they cannot reach consensus, the concerns will be forwarded to the Program Director or her designee to discuss with the Agency Chief/EMS CEO.

Summary of discussion:

Outcome:

Program Director Signature

Date: