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| **Northwest Community Healthcare Paramedic Program** **Preceptor Application 2023** |

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| Name: | Employer: |
| Phone #: | Shift: [ ]  1st/Black [ ]  2nd/Red [ ]  3rd/Gold |
| e-mail address: | Date of original PM/PHRN licensure: |
| Original EMS education site: | Date of NWC EMSS entry: |

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| **Prior teaching experience** (EMS or other) and additional certifications (Submit current card/license if applicable) |
| [ ]  CPR instructor | [ ]  Firefighter instructor | [ ]  Illinois EMS Lead Instructor |
| [ ]  ACLS, ITLS, PHTLS Provider | [ ]  ACLS, ITLS, PHTLS Instructor | [ ]  Faculty/preceptor for PM class |
| [ ]  PALS, PEPP Provider or instructor | [ ]  Peer Educator: [ ]  I [ ]  II [ ]  III [ ]  IV |
| [ ]  Other: Last served as a Field Preceptor (years) |
| **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 Field Preceptor course? [ ]  Yes [ ]  No Date of last attendance: |

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| **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**.

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| **Qualifications** | **RN verification** |
| Currently licensed as a Paramedic/PHRN in good standing in the NWC EMSS |  |
| Peer II (or higher) educator unless previously approved as a Field Preceptor prior to 2018 |  |
| No sustained complaints relative to patient care or allegations of ethical misconduct 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

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| **Rating of recommended qualifications:**  | **SA** | **A** | **D** | **SD** |
| Proficient in EMS care; excellent technical skills; adheres to best practice guidelines and System standards with no sustained complaints in EMS file.  |  |  |  |  |
| Good to excellent ability to think critically, problem solve and make effective decisions; able to articulate reasons for actions while performing them; and excellent adaptive competence |  |  |  |  |
| Demonstrates a high level of emotional intelligence; maintains positive interpersonal relationships; and has excellent cultural competence and humility. |  |  |  |  |
| Shows genuine interest in others, a willingness and ability to teach; is patient, and displays sincere interest in professional development for self and others |  |  |  |  |
| Skilled in evaluation and providing feedback: Able to effectively coach behavior |  |  |  |  |

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| **This candidate is qualified and recommended for field preceptor status in the NWC EMSS.**Signature of Hospital EMSC/educator Date:  | **Yes** | **No** |

**If YES:** Forward to Kathy Fitzpatrick (kfitzpatri@nch.org ) or fax: 847-618-4489 **If NO: Continue on back If a concern is raised by the Hospital EMSC/Educator that a candidate may be unqualified or inappropriate based on program guidelines, a discussion shall take place between the hospital EMSC/educator and the Agency Chief/EMS CEO or their 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 to discuss with the EMS Medical Director.**

Summary of discussion:

**Outcome**:

Program Director Signature Date:

CJM: 1/14; 1/15; 2/16; 12/17; 11/18; 1/20; 1/21; 11-21; 11/22