

**Northwest Community Healthcare Paramedic Program**  
**PRECEPTOR AGREEMENT – 2018**

Initials	Statements of affirmation
	<b>Qualifications</b> 1. I have been a licensed paramedic in the Northwest Community EMS System for a minimum of two years, am currently in good standing, and fully meet the preceptor qualifications as specified in System policy.
	2. I understand that I must complete a Preceptor orientation class given by the Resource Hospital prior to the first preceptor assignment and again at least every two years or more often if changes in practice or field internship processes have occurred.
	3. I affirm that I meet the required characteristics of an effective preceptor: Skilled in EMS care; communicates effectively; maintains positive working relationships; makes effective decisions; skilled in peer evaluation; shows genuine interest in others; displays sincere interest in professional development for self and others; able to articulate reasons for actions while performing them; and provides constructive criticism in an effective manner.
	<b>Prior to the onset of the internship</b> 4. I have consulted with my (Provider) EMS Coordinator regarding the Paramedic student assigned to me. I am familiar with the student objectives and my role as a Preceptor as outlined in the NWC EMSS Policy P-1 (E-7) and preceptor education materials. I have reviewed the guidelines for preceptors and agree to comply with them.
	5. I have a copy or have access to the current NWC EMSS SOPs, Policy Manual and Procedure (Lab) manual. It is my responsibility to understand and perform in compliance with these documents when providing patient care and when providing direct oversight and mentoring of the student.
	<b>During the internship</b> 6. I understand that by law, a Paramedic student is considered to be an EMT and that all Advanced Life Support assessments and skills performed by the student must be done under my direct supervision or the supervision of another System-approved Preceptor to ensure patient and responder safety. I further understand that it my responsibility to ensure that all patient care reports completed by the student are factual, accurate, complete, and timely. I further understand that I am responsible for cross-checking all ambulance/equipment cleaning and restocking performed by the student to ensure an appropriate environment of care and duty readiness.
	7. I understand that the student must submit mandatory paperwork and formative evaluations completed by me and other approved preceptors during the internship. I understand that I am responsible for completing an evaluation of the student's knowledge, skills and achievement of affective objectives on each of the submitted runs in a timely manner as defined in the field internship requirements.
	8. I understand that I must meet with the designed Hospital EMSC/Educator for a minimum of two Phase meetings during the internship to discuss the student's progress in achieving the objectives for each Phase
	9. I further agree to ensure that the student is well-coached and prepared to discuss all calls and/or simulations completed; including the patient's history, significant assessment findings, all treatments rendered including medication profiles for EMS delivered and prescription drugs the patient is taking, interventions that were or should have been instituted per SOPs, the paramedic impression and the general pathophysiology of that disease or injury.
	10. I further agree to actively participate in the creation and execution of any Individual Education Plan that may be necessary to help the student succeed.
	11. I further understand that I must complete a summative final evaluation of the student's achievement of the objectives and make a determination as to whether it is my opinion based on direct evaluation that the student has demonstrated competency as a safe, entry level paramedic. These documents shall be submitted to the Hospital EMSC/Educator who facilitates the performance reviews at least one week in advance of the meetings.

**I affirm that the information attested to above is true and agree to comply with the above conditions and provisions and understand that any deviations from the stated preceptor expectations may result in the termination of my Preceptor status in the Northwest Community EMS System pending a review and communication with my Chief/Supervisor or his/her designee.**

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 Preceptor name: Please print

\_\_\_\_\_  
 Signature of Preceptor

\_\_\_\_\_  
 Signature of Hospital EMSC/ Educator (in witness)

\_\_\_\_\_  
 Date

cc: Provider EMS Coordinator (PEMSC); Hospital EMS Coordinator/educator  
 Preceptor file

CJM: 5/99; Rev. 12/17