

**Northwest Community Healthcare Paramedic Program  
Preceptor Application 2024**

|                                  |   |
|----------------------------------|---|
| Name:                            | Employer:   |
| Phone #:                         | Shift: <input type="checkbox"/> 1 <sup>st</sup> /Black <input type="checkbox"/> 2 <sup>nd</sup> /Red <input type="checkbox"/> 3 <sup>rd</sup> /Gold |
| e-mail address:                  | Date of original PM/PHRN licensure:   |
| Original PM/PHRN 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"/> Firefighter instructor   | <input type="checkbox"/> Illinois EMS Lead Instructor   |
| <input type="checkbox"/> ACLS, ITLS, PHTLS Provider  | <input type="checkbox"/> ACLS, ITLS, PHTLS Instructor   | <input type="checkbox"/> Faculty/preceptor for PM class |
| <input type="checkbox"/> PALS, PEPP Provider or instructor   | <input type="checkbox"/> Peer Educator: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV |   |
| <input type="checkbox"/> Other: Last served as a Field Preceptor (years)   |   |   |
| <b>Preceptor applicant:</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of last attendance: |   |   |

|   |       |
|---|-------|
| <b>I recommend this candidate for preceptor status in the NWC EMSS.</b> |       |
| 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  |                 |
| 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 PM/PHRN in the NWC EMSS meeting all System requirements or has received a waiver for early eligibility.   |                 |
| Has had direct patient care in at least 6 of the last 12 months. (If no, submit how they have maintained full knowledge and competency of EMS knowledge, skills, and attitudes (KSAs). |                 |

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

| Rating of recommended qualifications:  | SA | A | D | SD |
|--|----|---|---|----|
| Proficient in EMS care; excellent technical skills; conforms with 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   |    |   |   |    |

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

**If YES:** Forward to Pamela Ross ([pross@nch.org](mailto:pross@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:

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**If they cannot reach consensus, the concerns will be forwarded to the Program Director to discuss with the EMS Medical Director.**

Summary of discussion:

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**Outcome:**

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Program Director Signature

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Date: