Northwest Community Healthcare Paramedic Program

FIELD PRECEPTOR AGREEMENT – 2026

Initial each statement	Statements of affirmation
	Qualifications 1. I have been a licensed paramedic/PHRN in the Northwest Community EMS System (NWC EMSS) for a minimum of two years or have been granted a waiver for early eligibility, am currently in good standing, and meet the preceptor qualifications as specified in System policy.
	2. If a new Field Preceptor, I understand that I must hold Peer II certification or above in the NWC EMSS and 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 professional characteristics of an effective preceptor: Proficient in EMS care; effective communicator; maintains positive working relationships and builds high-performing teams; makes reasoned and effective decisions; is competent in performance evaluation and corrective coaching; shows genuine interest in others; characterizes ongoing professional development and life-long learning; and uses standards, guidelines, and/or data to drive practice.
	Prior to the onset of the internship 4. I agree to consult with my (Provider) EMS Coordinator and become informed regarding the student assigned to me before the first day of the internship. I further agree to become familiar with the objectives, processes, and paperwork for all phases of the field experience and my role as a Preceptor as outlined in the NWC EMSS Policy P-1 and preceptor education materials and agree to comply with them.
	5. I have access to the current NWC EMSS SOPs, Policy, and Procedure manuals. I agree to perform in conformity with these documents when providing patient care and when providing oversight and mentoring of the student.
	During the internship 6. I affirm that a PM student is legally a licensed EMT and that all Advanced Life Support (ALS) 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 affirm that it is my responsibility to ensure that all patient care reports (PCRs) completed by the student are factual, accurate, complete, and timely before I sign them and, that I am responsible for checking all ambulance/equipment cleaning and restocking performed by the student to ensure an appropriate environment of care and duty readiness for EMS response.
	7. I affirm that the student must submit paperwork and formative evaluations completed by me or another approved preceptor during the internship. I affirm that I am responsible for completing an evaluation of the student's knowledge, skills and attitudes (KSAs) on each submitted run in a timely manner as defined in the internship requirements.
	8. I affirm 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 agree to coach and mentor the student so they are prepared to discuss the following during the phase meetings: All calls completed; including chief complaints and PMH, significant assessment findings, medication profiles for EMS-delivered and prescription drugs, interventions that were or should have been instituted per SOPs, the paramedic impression; rationale for patient disposition; and the general pathophysiology of that disease or injury.
	10. I agree to participate in the creation and/or execution of Education Plans needed to help the student succeed.
	11. I affirm that I must complete a summative evaluation of the student's achievement of objectives in all three domains of learning and terminal 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 prior to the meeting.

I affirm and agree to comply with the above conditions and provisions and understand that persistent deviations from preceptor performance standards may result in the suspension of my Preceptor status in the NWC EMSS pending a review and communication with my Chief/EMS Supervisor or their designee.

Preceptor name (PRINT) _____ Preceptor Signature _____

Hospital EMSC/ Educator signature) _____ Date _____

cc: PEMSC; HEMS/educator; Preceptor file

KAC 11/25