## Northwest Community Healthcare Paramedic Program **Preceptor Application 2026**

Name:		Employer:						
Phone #:		Shift: ☐ 1st/Black ☐ 2nd/Red ☐ 3rd/Gold						
e-mail address:		Date of original PM/PHRN licensure:						
Original PM/PHRN education site:		Date of NWC EMSS entry:						
Prior teaching experience (EM	· ·	`						
☐ CPR instructor	, and the second			nois EMS Lead Instructor				
☐ ACLS, ITLS, PHTLS Provider					culty/preceptor for PM class			
☐ PALS, PEPP Provider or instructor	☐ Peer Educator: ☐		□IV					
☐ Other: Last served as a Field Precep								
Preceptor applicant: Please give a brief de	escription of why you wou	ıld like to be accepted	as a Field Tra	aining Officer/P	receptor.			
Previously completed the NWC EMSS Field Preceptor course?								
I recommend this candidate for precepto	r status in the NWC EN	ISS.						
Signature Chief/EMS CEO or ED supervisor::			D	ate:				
Forward to assigned System hospital EMS Coordinator/Educator.								
	Qualifications				RN ve	rification		
Currently licensed as a Paramedic/PHRN in		VC EMSS			RN ve	rification		
Peer II (or higher) educator unless previous	good standing in the N\ ly approved as a Field P	receptor prior to 2018			RN ve	rification		
-	good standing in the N\ ly approved as a Field P	receptor prior to 2018		high risk	RN ve	rification		
Peer II (or higher) educator unless previous  No sustained complaints relative to patient of	good standing in the N\ ly approved as a Field P care or allegations of eth	receptor prior to 2018 ical misconduct that w	ould suggest		RN ve	rification		
Peer II (or higher) educator unless previous  No sustained complaints relative to patient of behavior in the past year per Policy G-1  Has 2 years' experience as a PM/PHRN in the	l good standing in the NV ly approved as a Field P care or allegations of eth the NWC EMSS meeting the last 12 months. (If no,	receptor prior to 2018 ical misconduct that w	ould suggest	ceived a	RN ve	rification		
Peer II (or higher) educator unless previous  No sustained complaints relative to patient of behavior in the past year per Policy G-1  Has 2 years' experience as a PM/PHRN in waiver for early eligibility.  Has had direct patient care in at least 6 of the	l good standing in the NV ly approved as a Field P care or allegations of eth the NWC EMSS meeting the last 12 months. (If no, and attitudes (KSAs).	receptor prior to 2018 ical misconduct that w	ould suggest	ceived a	RN ve	rification		
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This candidate is qualified and recommended for field preceptor status in the NWC EMSS.

Signature of Hospital EMSC/educator

Yes

Date:

No

program guidelines, a dis	e Hospital EMSC/Educator t cussion shall take place bet O or their designee to clarify	ween the hospital EMS0	C/educator and the Age	priate based on ncy Chief/EMS
Summary of discussion:				
	_			
If they cannot reach cons Medical Director.	ensus, the concerns will be	forwarded to the Prog	ram Director to discus	s with the EMS
Summary of discussion:				
Outcome:				
Program Director Signature		Date:		