

Southern Illinois Regional EMS System

I-6 PRECEPTOR APPLICATION

Name: _____ EMT Level: _____

Provider Agency: _____

1. Number of years as an EMT, AEMT, or Paramedic: _____

2. How long have you functioned in this System at your current EMT level? _____

3. What are your primary job responsibility/duties (i.e. transfers, management, etc.)? _____

4. Expiration Date of License: _____

5. How many continuing education hours have you earned since last recertification?

Didactic:

Clinical:

6. Certifications:

List all EMS certifications/credentials, include expiration dates.

7. Instructor Certifications:

List all instructor certification/credentials, include number of classes taught.
