## Southern Illinois Regional EMS System

## I-6 PRECEPTOR APPLICATION

Na	Name: EMT Level: _	EMT Level:	
Provider Agency:			
1.	Number of years as an EMT, AEMT, or Paramedic:		
2.	2. How long have you functioned in this System at your current EMT	level?	
3.	3. What are your primary job responsibility/duties (i.e. transfers, man		
4.	4. Expiration Date of License:		
5.	5. How many continuing education hours have you earned since last	recertification?	
	Didactic:		
	Clinical:		
6.	6. Certifications: List all EMS certifications/credentials, include expiration dates.		
		_	
7.	7. Instructor Certifications: List all instructor certification/credentials, include number of classes	s taught.	

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## I-6 PRECEPTOR APPLICATION (continued)

8.	List any additional teaching experience, EMS or non-EMS related:
9.	Do you have any previous or current experience as a supervisor or lead medic? If yes, explain:
10.	Professional Reference: List at least two professional references – include names, relationship, contact info.
	Write a brief paragraph describing your qualifications and why you should be allowed to cept in this System:

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