



### Paramedic Preceptor Acknowledgment & Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Work Address: \_\_\_\_\_  
\_\_\_\_\_ City State Zip

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is your licensure level: EMT-P RN MD

EMT-P License #: \_\_\_\_\_

RN License #: \_\_\_\_\_

Agency you work for: \_\_\_\_\_

Do you work in a certain department, i.e. ER, OR, ICU? \_\_\_\_\_

Your Department Medical / Training Officer Name: \_\_\_\_\_

Your Department Medical Officer Phone: \_\_\_\_\_

**Note:**

I have reviewed the preceptor training packet provided by Respond Right EMS Academy and have the qualifications to precept both EMT and Paramedic students.

I hereby attest that the above information is true and accurate to the best of knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send completed forms to:  
toni@respondright.com