



Paramedic Preceptor Acknowledgment & Information

Date: _____

Name: _____
Last First Middle

Work Address: _____
_____ City State Zip

Contact Phone: _____

Email: _____

EMT-P License #: _____ Year of original EMT-P licensing: _____

Department you work for: _____

Your Department Medical 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 applications to:
toni@respondright.com