

Southern Illinois Regional EMS System

I-6 PRECEPTOR APPLICATION

Name: _____ EMT Level: _____

Provider Agency: _____

1. Number of years as an EMT-I and/or EMT-P: _____
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: | Yes/No | Expiration dates: | Instructor? | # of classes taught? |
|--------------------|--------|-------------------|-------------|----------------------|
| ACLS: | _____ | _____ | _____ | _____ |
| BTLS: | _____ | _____ | _____ | _____ |
| PALS: | _____ | _____ | _____ | _____ |

List other certifications not listed:

