

Solano County Health & Social Services Department



Gerald Huber, Director

EMERGENCY SERVICES BUREAU

355 Tuolumne Street MS 20-240, Suite 2400
Vallejo, Ca. 94590
(707) 784-8155
www.solanocounty.com

Aaron E. Bair, MD, MS
EMS Agency Medical Director

Ted Selby
EMS Agency Administrator

POLICY 3420 ATTACHMENT A INITIAL PARAMEDIC PRECEPTOR APPLICATION

FOR _____ through _____
(Start date) (Accreditation expiration date)

NAME: _____

SOLANO COUNTY PARAMEDIC #: _____

DATE: _____

EMPLOYER: _____

Years as an Accredited Paramedic in Solano County: _____

Preceptor Tier Level Applying For: ☐ TIER I ☐ TIER II

Checklist for required preceptor prerequisite documentation:

- ☐ Verification of Solano County Paramedic accreditation in good standing **AND** years of service within Solano County in accordance of Tier Level applying for;
- ☐ For Tier II ONLY: Documentation of successful completion of any formal adult education training programs (AHA certified instructor, teaching credentials, transcripts, Fire Instructor 1A and 1B, etc.);
- ☐ Written recommendations from my employer **AND** ALS Provider Medical Director;
- ☐ Written verification of course completion of a Paramedic Preceptor Training Workshop or equivalent within the last three months as approved by the EMS Agency Medical Director.

I hereby attest that all statements above and attachments are true.

Applicant Signature