

DEPARTMENT OF HEALTH & SOCIAL SERVICES

Public Health Division

GERALD HUBER
Director

EMERGENCY SERVICES BUREAU
355 Tuolumne Street,
Suite 2400, MS 20-240
Vallejo, CA 94590



SOLANO COUNTY

PRANAV SHETTY, MD, MPH
EMS Agency Medical Director

BENJAMIN GAMMON, EMT-P
Interim EMS Agency Administrator

(707) 784-8155
www.solanocounty.com

**POLICY 3420 ATTACHMENT A
PARAMEDIC PRECEPTOR APPLICATION RENEWAL**

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

DATE: _____

NAME: _____

CALIFORNIA STATE PARAMEDIC LICENSE #: _____

SOLANO COUNTY PARAMEDIC #: _____

EMPLOYER: _____

Years as an accredited Paramedic in Solano County: _____

Years as a Designated Paramedic Preceptor in Solano County: _____

Name of Paramedics/Paramedic Interns Precepted OR EMS Instruction	Dates Precepted or Instructed

*If more room is needed, continue on the back of this application.

I hereby attest that all statements above are true.

Applicant Signature