

Solano County Health & Social Services Department



Gerald Huber, Director

EMERGENCY SERVICES BUREAU

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EMS Agency Medical Director

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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