



Yolo County Emergency Medical Services Agency Service Provider

Revised Date: July 15, 2019

PARAMEDIC PRECEPTOR APPLICATION FORM

Please write clearly and answer all questions or your application may be rejected.

Full Name: _____ Email: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Day Phone #: _____ Night Phone #: _____
 CA Paramedic License #: _____ Initial Issue Date: _____
 YEMSA Initial Accreditation Date: _____
 Current Advanced Life Support (ALS) Employer(s): _____
 County Accreditations Current/Prior: _____

Have you ever been the subject of a formal prehospital care certification/licensure disciplinary action or proceeding?

YES NO

If yes, you must attach a detailed statement with this application that describes the action, any corrective action, and/or remediation as a result of the action.

I hereby certify **under penalty of perjury** that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to become a Preceptor for YEMSA. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as a Paramedic in the State of California.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Agency Endorsement:

This portion of the application must be completed by an authorized officer of the provider agency which the applicant will Precept.

I recommend that above named applicant be approved as a Preceptor within YEMSA, and applicable to our agency/organization.

YEMSA Authorized ALS Provider Agency Name _____

Authorizing Officer Signature _____ Date _____

Authorizing Officer Name Printed _____ Title _____

This application and **all** required items may be mailed or emailed.
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.

YEMSA Use Only:

Paramedic License #	Date Issued	Expiration Date	Application Received	Approved	Denied

Review By: Name and Title _____ Date _____