



MONTEREY COUNTY EMERGENCY MEDICAL SERVICES AGENCY  
1441 Schilling Place, Salinas, CA 93901 Ph: 831-755-5013 website: mocoems.org

## PRECEPTOR APPLICATION

*Pursuant to **Monterey County EMS Policy 2080 Paramedic Preceptor Authorization**, Monterey County accredited paramedics may apply to the EMS Agency for an authorization to become a Paramedic Preceptor.*

Initial Application

Renewal Certification

Applicant's Name:

\_\_\_\_\_

Last	First	MI
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Mailing Address:

\_\_\_\_\_

Street	Apt.	City	State	Zip
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Telephone \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Start date: \_\_\_\_\_

Previous Employment in Monterey County: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Paramedic License # \_\_\_\_\_ Effective date of initial license: \_\_\_\_\_

Preceptor Training Program: \_\_\_\_\_ Date of Completion: \_\_\_\_\_



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Paramedic Preceptor Qualifications

(check boxes to demonstrate meeting qualification requirement)

I have worked full-time providing patient care in Monterey County as a paramedic for the previous two (2) years.

My paramedic licensure and accreditation are in good standing, including but not limited to:

- a) No pending disciplinary actions or clinical care restrictions or remediation.
- b) No disciplinary actions or clinical care restrictions or remediation in the previous 24 months.

I am employed by an approved Monterey County ALS service provider organization.

I meet the requirements of California Code of Regulations, Title 22, Chapter 4, Section 100150 and 100153.

Additional Requirements

(check box to agree)

Applicant agrees to attend one of two preceptor conference/meetings each year of the authorized four-year term.

Application packet must include the following:

1. Completed Application
2. Copy of Paramedic Training Program course completion certificate
3. Copy of Paramedic Preceptor Training Program course completion certificate
4. Letter of recommendation from employer verifying applicant is in good standing and employer's intent to use applicant as Preceptor

**Note:**

The information above is provided as a guide only. It is the applicant's responsibility to ensure he/she meets all requirements of EMS Policy 2080 Paramedic Preceptor Authorization and California Code of Regulations, Title 22, Chapter 4.



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**Applicant's Statement:**

I, \_\_\_\_\_, declare that I meet the qualifications to be a Paramedic Preceptor under Monterey County EMS Policy 2080 Paramedic Preceptor Authorization. I further certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief. I understand all information on this application is subject to verification, and I hereby give my express permission for Monterey County EMS Agency to contact any agency or person for information related to my application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Application packet may be mailed or emailed to the EMS Agency.

Email address: [EMSAdmin@co.monterey.ca.us](mailto:EMSAdmin@co.monterey.ca.us)

Mailing address: 1441 Schilling Place, Salinas, CA 93901

For questions regarding the Preceptor Application please call 831-755-5013 or email [EMSAdmin@co.monterey.ca.us](mailto:EMSAdmin@co.monterey.ca.us).

**FOR OFFICIAL USE ONLY**

Reviewed by: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

Approved on \_\_\_\_\_ Approval letter sent on: \_\_\_\_\_

Denied on \_\_\_\_\_ Reason for denial: \_\_\_\_\_ Denial letter sent on: \_\_\_\_\_