



# EMS ACADEMY

## Application for Paramedic Preceptor

Date of Application: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Number Street City State Zip

Contact Phone: \_\_\_\_\_

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

EMT-P License Number\*: \_\_\_\_\_ Year of original EMT-P licensing: \_\_\_\_\_

**(\*Please attach a copy of your EMT-P license and all Certifications to this application)**

Department that you work: \_\_\_\_\_

Certifications / Licensure	Date of Expiration
TN Paramedic	
BLS	
ACLS	
PALS	
PHTLS/BTLS/ITLS	

I herby attest that the above information is true and accurate to the best of my knowledge and that I have completed the PRECEPTOR TRAINING in Platinum Planner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMAIL THIS APPLICATION AND ALL DOCUMENTS TO:  
[gjohnson27@columbiastate.edu](mailto:gjohnson27@columbiastate.edu)**