



Paramedic Preceptor Acknowledgment & Information

Date: _____

Agency: _____

Address: _____

City

State

Zip

Medical Officer Name: _____ Medical Officer Phone: _____

Note:

I have reviewed the preceptor training packet provided by Lane Community College and have the qualifications to precept both EMT and Paramedic students.

I hereby attest that the above information is true and accurate to the best of knowledge.

Printed Name	Signature	License #	Contact Phone
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Send completed forms to: ems@lanecc.edu