



Paramedic Preceptor Acknowledgment & Information

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

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

Work Address: \_\_\_\_\_  
City State Zip

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

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

What is your licensure level: EMT-P RN MD

EMT-P License #: \_\_\_\_\_ RN License #: \_\_\_\_\_

Agency you work for: \_\_\_\_\_

Do you work in a certain department, i.e. ER, OR, ICU?  
\_\_\_\_\_

Your Department Medical / Training Officer Name:  
\_\_\_\_\_

Your Department 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send completed forms to: [ems@lanecc.edu](mailto:ems@lanecc.edu)

For questions please contact:  
Darrek Mullins, EMT/Paramedic Clinical Coordinator  
Cell: 541-954-1237 Email: [MullinsD@lanecc.edu](mailto:MullinsD@lanecc.edu)