McHenry Western Lake County Emergency Medical Services System / McHenry County College

Reciprocal Preceptor Application / Agreement Form

Name:	Primary EMS System:
Phone:	Shift: ☐ 1st/Black ☐ 2nd/Red ☐ 3rd/Gold
E-mail address:	Date of original EMT-P/PHRN licensure:
Date of Preceptor Training with Primary EMS System:	

Prior teaching experience		
☐ CPR instructor	☐ IDPH Lead Instructor	☐ OSFM Instructor I, II, or III
☐ ACLS, ITLS, PHTLS Instr.	☐ MCC Paramedic Class / Skills Lab	☐ OSFM Training Program Manager
☐ PALS/PEPP Instructor	☐ OSFM Public Life Safety Educator	☐ OSFM Youth Firesetter Intervention Specialist
☐ Other relevant teaching experience:		

Preceptor applicant: Discuss your interest in functioning as a Preceptor:

Initial each	Preceptor/ Lead Preceptor Statements of affirmation
	Qualifications I have completed preceptor training in primary EMS system, remain in good standing, and meet preceptor qualifications for my primary EMS system policy.
	Must Complete MWLC/MCC Paramedic Reciprocal Preceptor manual and quiz completed. Manual and quiz are located on the MWLC EMS webpage. Education>college corner> Paramedic Reciprocal and Preceptor Manual.
	I affirm that I meet the required professional characteristics to be effective in this role: Proficient in EMS care; effective communicator; maintains positive working relationships and builds high-performing teams; makes reasoned and effective decisions; is competent in performance evaluation and corrective coaching; shows genuine interest in others; characterizes ongoing professional and life-long learning; and uses standards, guidelines, and/or data to drive practice.
	Prior to the onset of this role Prior to functioning in this role, I agree to consult with my agency EMS Coordinator and become informed regarding my assignment. I further agree to become familiar with the objectives, processes, and paperwork for all phases of the field experience and my role as a Preceptor as outlined in MCC / MWLC EMSS policy and educational materials. I agree to comply with policy and expectations of this role.
	I have access to the current Region IX MWLC EMSS SOPs, Policy, and Procedure manuals. I agree to perform in conformity with these documents when providing patient care and when functioning in the role of Lead Preceptor / Preceptor.
	While functioning in this role I have access to the current primary EMS system SOPs, Policy, and Procedure manuals. I agree to perform in conformity with these documents when providing patient care and when functioning in the role of Preceptor.
	I affirm that it is my responsibility to ensure that all patient care reports (PCRs) completed by the student are factual, accurate, complete, and timely before I sign them and, that I am responsible for checking all ambulance/equipment cleaning and restocking performed by the student to ensure an appropriate environment of care and duty readiness for EMS response.
	I affirm that the student must submit paperwork and formative evaluations completed by a Preceptor for each and all patient care interactions. I affirm that I am responsible for completing an evaluation of the student's knowledge, skills, and abilities on each submitted run in a timely manner as required.
	I affirm that I must meet for a minimum of two meetings during a student's clinical rotation to discuss the student's progress in achieving objectives with the appropriate person.
	I agree to organize and host regular meetings to coach and mentor students and discuss: All calls completed; including chief complaints and SAMPLE, assessment findings, medications (EMS and prescription); interventions that were or should have been instituted per MWLC EMSS SOP; the paramedic impression; rationale for patient disposition; and the general pathophysiology of that disease or injury.
	I agree to participate in the creation and/or execution of educational plans needed to foster success.

I affirm and agree to comply with the above conditions and provisions. I understand that persistent deviations from Preceptor performance standards may result in the suspension of my Preceptor status in MWLC EMSS / McHenry County College pending a review and communication with my Chief/EMS Supervisor or their designee.

Preceptor Name (PRINT) _____ Preceptor Signature _____

I recommend this candidate for Reciprocal Preceptor status in MWLC EMSS / McHenry County College.

Chief or EMS supervisor (print name): Date:

Agency:

Chief or EMS supervisor (signature):

Primary EMS System Staff Use

Qualifications	verification
Currently licensed as a Paramedic/PHRN in good standing in the Primary EMSS?	
If a previous Preceptor, was performance commensurate with expectations?	
No sustained complaints relative to patient care or allegations of ethical violations that would suggest high risk behavior in the past year?	
Has had direct patient care in at least 6 of the last 12 months. (If they have not provided direct patient care during that time, submit how they have maintained full knowledge and competency of EMS principles and skills.)	

Outcome: ☐ **Approved** ☐ **Not Approved**

_____ Date:

Primary EMS System EMS Coordinator / Asst. Coordinator Signature