

Solano County Health & Social Services Department



Gerald Huber, Director

Bryn E. Mumma, MD, MAS
EMS Agency Medical Director

EMERGENCY SERVICES BUREAU
355 Tuolumne Street MS 20-240, Suite 2400
Vallejo, Ca. 94590
(707) 784-8155
www.solanocounty.com

Ted Selby
EMS Agency Administrator

POLICY 3420 ATTACHMENT B PARAMEDIC PRECEPTOR APPLICATION RENEWAL

FOR: _____ through _____
(Start date) (Accreditation expiration date)

DATE: _____

NAME: _____

CALIFORNIA STATE PARAMEDIC LICENSE #: _____

SOLANO COUNTY PARAMEDIC #: _____

EMPLOYER: _____

Years as an accredited Paramedic in Solano County: _____

Years as an approved Paramedic Preceptor in Solano County: _____

Renewing Paramedic Preceptor Tier Level: TIER I TIER II

Upgrading from TIER I to TIER II: YES NO

If yes, submit documentation of formal education training as outlined in Policy 3420 Section II(E).

| Name of Paramedics/Paramedic Interns Precepted OR EMS Instruction | Dates Precepted or Instructed |
|-------------------------------------------------------------------|-------------------------------|
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*If more room is needed, continue on the back of this application.

I hereby attest that all statements above are true.

Applicant Signature