

**DEPARTMENT OF HEALTH & SOCIAL SERVICES**  
Public Health Division

**GERALD HUBER**  
Director

**BRYN MUMMA, MD, MAS**  
EMS Agency Medical Director

**EMERGENCY SERVICES BUREAU**  
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**SOLANO**  
**COUNTY**

**TED SELBY**  
EMS Agency Administrator

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**POLICY 3420 ATTACHMENT A**  
**INITIAL PARAMEDIC PRECEPTOR APPLICATION**

FOR \_\_\_\_\_ through \_\_\_\_\_  
(Start date) (Accreditation expiration date)

NAME: \_\_\_\_\_

SOLANO COUNTY PARAMEDIC #: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Years as an Accredited Paramedic in Solano County: \_\_\_\_\_

Preceptor Tier Level Applying For:  TIER I  TIER II

**Checklist for required preceptor prerequisite documentation:**

- Verification of Solano County Paramedic accreditation in good standing **AND** years of service within Solano County in accordance of Tier Level applying for;
- For Tier II ONLY: Documentation of successful completion of any formal adult education training programs (AHA certified instructor, teaching credentials, transcripts, Fire Instructor 1A and 1B, etc.) **OR** documentation of provider based training program on precepting a Paramedic student intern and instruction techniques of adult education;
- Written recommendations from my employer **AND** ALS Provider Medical Director;
- Written verification of course completion of a Paramedic Preceptor Training Workshop or equivalent within the last three months as approved by the EMS Agency Medical Director.

**I hereby attest that all statements above and attachments are true.**

\_\_\_\_\_  
Applicant Signature