

**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 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) or II(E)(1).

<b>Name of Paramedics/Paramedic Interns Precepted OR EMS Instruction</b>	<b>Dates Precepted or Instructed</b>

\*If more room is needed, continue on the back of this application.

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

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