



Yolo County Emergency Medical Services Agency
Service Provider

Revised Date: September 1, 2018

PARAMEDIC INTERN PRECEPTOR APPLICATION

Please write clearly and answer all questions or your application may be rejected.

Full Name: Email:
Mailing Address:
City: State: Zip:
Day Phone #: Night Phone #:
CA Paramedic License #: Initial Issue Date:
YEMSA Initial Accreditation Date:
Current Advanced Life Support (ALS) Employer(s):
County Accreditations Current/Prior:

Have you ever been the subject of a formal prehospital care certification/licensure disciplinary action or proceeding?

YES NO

If yes, you must attach a detailed statement with this application that describes the action, any corrective action, and/or remediation as a result of the action.

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to become a Preceptor for YEMSA.

SIGNATURE OF APPLICANT: DATE:



Agency Endorsement:

This portion of the application must be completed by an authorized officer of the provider agency which the applicant will Precept.

I recommend that above named applicant be approved as a Preceptor within YEMSA, and applicable to our agency/organization.

YEMSA Authorized ALS Provider Agency Name
Authorizing Officer Signature Date
Authorizing Officer Name Printed Title

Applications and all required items may be mailed, emailed, or placed in the drop box at the address above. The drop box is located across from the stairs and is labeled YEMSA drop box and is the preferred method! If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.

YEMSA Use Only:

Table with 6 columns: Paramedic License #, Date Issued, Expiration Date, Application Received, Approved, Denied

Review By: Name and Title Date