



North Florida Community College EMS Programs

325 NW Turner Davis Drive, Madison FL 32340
(850) 973 1763, Fax (850) 973 1713



Application for NFCC EMS Program Preceptors

Please fill out the following information:

Last Name _____ First Name _____

EMT Paramedic LPN RN Other _____

Agency _____ Shift _____ Certification number _____

Your address _____

Cell Phone _____ Home Phone _____

Email Address _____ Years of Practice _____

By placing your signature below, you signify that you are willing to mentor EMS students and take an active part in the "field" portion of coursework. You will be expected to offer advice, constructive criticism and praise when appropriate. You will also be expected to complete student evaluations each shift. Many students will view you as a role model, and your best behavior is expected. Approval as a preceptor is not automatic. The NFCC EMS Program Director and EMS Medical Director must concur as well as your EMS Director. Remember, your valuable knowledge and experience can help the next generation of EMS students!

Printed Name _____

Signature _____

Please Do Not Write Below this line

NFCC Program Director Approve Disapprove Signature _____

Reason? _____

Date _____

NFCC Medical Director Approve Disapprove Signature _____

Reason? _____

Date _____