



180-1 Prosperity Drive  
 Winchester, VA 22602  
 540-665-0014  
 540-722-0094 (Fax)

**Preceptor Application and Training Certification**

*I have read Lord Fairfax EMS Council ALS Preceptor Program and agree to comply with its requirements, providing the best example possible of ALS care, and giving compassionate direction and guidance to students and new providers to improve health in the Lord Fairfax EMS Council Region.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

<b>Print Name</b> _____	<b>Current Certification</b> _____ <b>Original Certification Date</b> _____
<b>Request to Precept:</b>  _____ <b>Paramedic</b> _____ <b>Intermediate</b> _____ <b>Advanced EMT</b> _____ <b>EMT-Enhanced</b>	<b>List Instructor Status:</b>  _____ <b>CPR</b> _____ <b>ACLS</b> _____ <b>PALS</b> _____ <b>ITLS</b> _____ <b>PTLS</b> _____ <b>AMLS</b> _____ <b>GEMS</b> _____ <b>PEPP</b> _____ <b>VA Education Coordinator</b> _____ <b>Other</b>
<b>Principal Agency Affiliation:</b>	
<b>Home Mailing Address:</b>  <b>Street</b> _____ <b>Apt.</b> _____ <b>City</b> _____ <b>State</b> ____ <b>Zip</b> _____	<b>Phone</b> _____ <b>Pager</b> _____ <b>Cell</b> _____ <b>EMAIL</b> _____

**Approvals**

<b>Agency Chief Operating Officer</b>  _____ <b>Signature</b>  _____ <b>Print Name</b>  _____ <b>Date</b>	<b>Agency OMD</b>  _____ <b>Signature</b>  _____ <b>Date</b>
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