

## BROOME COUNTY DIVISION OF EMERGENCY MEDICAL SERVICES

### ADVANCED LIFE SUPPORT PRECEPTOR

#### Qualifications and Criteria for Appointment

The Advanced Life Support Internship Preceptor is an experienced AEMT-I, AEMT-CC, or AEMT-P, who has been approved and appointed by the EMS Medical Director for the purpose of instructing and evaluating AEMT Student Interns in Broome County AEMT certification courses during the field internship phase of their training, as well as orienting and evaluating certified AEMTs who are newly entering the Broome County ALS System, or who have been prescribed remedial supervised field work by the EMS Medical Director. The minimum qualifications to be an ALS preceptor are: current AEMT-I, AEMT-CC or AEMT-P certification and current unsupervised practice privileges and valid ALS TEK # in Broome County for at least one full year. The appointment/reappointment of ALS Preceptors shall take place on an annual basis, and shall be based upon the submission of a completed application, and upon the approval and recommendation of the chief operational officer (Chief, Captain, Operations Supervisor, etc.) of each prehospital ALS agency on whose behalf the applicant is seeking to act as Preceptor. It shall be permissible for an AEMT to act as a Preceptor on behalf of more than one ALS agency with whom he/she is affiliated, but in no case shall he/she act in such capacity in any ALS agency in which he/she is not authorized to act as such by that agency's chief operational officer. While there is no absolute limit on the number of ALS Preceptors that will be appointed in a given agency, the number appointed in a given year will be based on the number of AEMTs expected to intern in the agency during that year, and may be adjusted up or down during the year as necessary. The most qualified candidates will be selected from among those applying to fill the anticipated need for Preceptors. Appointment as an ALS Preceptor during a previous year does not automatically guarantee reappointment as such in subsequent years.

#### Responsibilities

The responsibilities of the ALS Preceptor include one-on-one teaching and evaluation of AEMT Student Interns during the Field Internship phase of their Original AEMT course. This includes the requirement that the Preceptor make his/herself available for duty shifts with AEMT Interns as required. The ALS Preceptor remains primarily responsible for total patient care, and must be physically present with the Intern at all times and in control of patient care whenever the Intern is performing any advanced life support care for the patient. This means that the Preceptor can never be the driver of the ambulance when acting as a Preceptor, and can never be riding or following in a separate vehicle when the Intern is performing ALS in the ambulance. The Preceptor is obligated to complete the appropriate evaluation form immediately after each internship run, and to return the form to the Intern before the conclusion of the Intern's shift. The ALS Preceptor must remain in control of patient care at all times, and is responsible for preventing any harm to the patient caused by incorrect or dangerous performance on the part of the Intern.

The ALS Preceptor is required and expected to maintain his/her own BLS and ALS skills. This includes attendance at updates as required, fulfillment of any CME requirements (eg: quarterly ALS skills demonstration), and exemplary performance of patient care in the field. ALS preceptors serve as primary role models for new AEMTs, and may not deviate in any way from protocols and accepted standards of care. Failure to adhere to this high standard of conduct may result in immediate termination of ALS Preceptor status by the Medical Director.

Each precepted internship run will be thoroughly documented on a standard Broome County ALS System Field Internship Evaluation Form. The Preceptor must render an evaluation of the intern's performance on each run, and must classify this performance as either safe or unsafe. Each Intern must serve the required number of hours and attain the required objectives described in the applicable AEMT Field Internship guide. Each newly-certified (or new-to-the-System) AEMT must be evaluated on a minimum of ten ALS runs, precepted by at least two different Preceptors, before being considered for unsupervised

privileges (adequately-documented Field Internship evaluations from other ALS educational programs or systems may be used to satisfy part of this requirement).

#### ADVANCED LIFE SUPPORT SUPERVISOR

Each Prehospital ALS agency shall have appointed, from among its authorized ALS Preceptors, one Advanced Life Support Supervisor. This ALS Supervisor shall be appointed by the Medical Director, and shall generally be the most experienced and qualified of the ALS Preceptors, as determined by the Medical Director. ALS Supervisors shall be appointed for terms of one year, which may be renewed upon review of finding of satisfactory performance by the EMS Medical Director.

#### Qualifications

The ALS Supervisor is required to meet all of the requirements for ALS Preceptors. In addition, the ALS Supervisor should have at least two years of "unsupervised" AEMT practice in the Broome County ALS System.

#### Responsibilities

The ALS Supervisor of each ALS agency is required to be an active ALS Preceptor, and as such has all of the responsibilities of the Preceptor. In addition, the ALS Supervisor is required to oversee the performance of all of his/her agency's Preceptors and Interns, to insure compliance with all applicable protocols, regulations, and procedures. The ALS Supervisor also serves as his/her agency's lead AEMT, and is expected to serve in a supervisory, educational, and Continuous Quality Improvement role in monitoring and remediating the performance of all AEMTs practicing with the agency, and is responsible for ensuring his/her agency's compliance with all applicable training and equipment standards. The ALS Supervisor is responsible for recommending to the EMS Medical Director, on behalf of the ALS agency, new (or new-to-the-ALS System) AEMTs for "unsupervised" practice privileges in the Broome County Prehospital ALS System. Such a recommendation shall be given only upon demonstration by the AEMT of safe and competent ALS care and thorough familiarity with the Statewide BLS and Regional ALS Protocols, and is a binding agreement upon the ALS agency that the AEMT will be permitted to practice within the agency.

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Application for Advanced Life Support Preceptor

PLEASE TYPE OR PRINT

PERSONAL DATA

Name \_\_\_\_\_ Broome Co. ALS TEK # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number - Home \_\_\_\_\_ Between \_\_\_\_\_ (Time) and \_\_\_\_\_ (Time)

- Work \_\_\_\_\_ Between \_\_\_\_\_ (Time) and \_\_\_\_\_ (Time)

EDUCATION

	Name and Location of Institution	Graduated? (Yes or No)	Degree/Diploma or Credits Earned
High School (Last Attended)			
Colleges and Universities			

PROFESSIONAL LICENSES OR CERTIFICATIONS HELD

Name of Profession	License Number	Licensing Agency	Expires

CURRENT PRINCIPAL REGULAR EMPLOYMENT

Employer Name and Address \_\_\_\_\_

Your Position Title \_\_\_\_\_ Employed Since \_\_\_\_\_

Current Work Hours (Days/Nights/Weekends) \_\_\_\_\_

Supervisor's Name and Phone Number \_\_\_\_\_

BROOME COUNTY DIVISION OF EMERGENCY MEDICAL SERVICES

Application for Advanced Life Support Preceptor

EMERGENCY MEDICAL SERVICES TRAINING

\* Please Detail Your Training History Below as Accurately as Possible \*

Certified Training

NYS Emergency Medical Technician Identification Number \_\_\_\_\_

Level of Training	Original Course Completion (Mo/Yr)	Instructor/ County Held In	Date Expired or Expires
CFR			
EMT - Basic			
AEMT-Intermediate			
AEMT-Critical Care			
AEMT-Paramedic			

Continuing Education Courses Completed

Name of CME Program	Date or Dates of Course/Expiration	Location of CME Program	Principal Instructor
Advanced Cardiac Life Support (ACLS)			
Basic Trauma Life Support Course			
Critical Trauma Care Course			
Pediatric Advanced Life Support (PALS)			
Prehospital Pediatric Care (PPCC)			
Other Formal EMS Continuing Medical Education Courses (Attach Additional Sheets if Needed)			

BROOME COUNTY DIVISION OF EMERGENCY MEDICAL SERVICES

Application for Advanced Life Support Preceptor

PREHOSPITAL EMERGENCY MEDICAL SERVICES EXPERIENCE

Please List Below all of your Prehospital EMS Affiliations and Experience, Starting with the current or most recent. Please attach additional pages if necessary.

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1.

Name of Organization \_\_\_\_\_

Address of Organization \_\_\_\_\_

Type of Organization: Ambulance\_\_\_ First Response\_\_\_ Other\_\_\_

Highest Level of Care

Provided by Organization: Basic Life Support\_\_\_\_\_  
Automated External Defibrillation\_\_\_\_\_  
Intermediate Life Support\_\_\_\_\_  
Advanced Life Support-Critical Care\_\_\_\_\_  
Advanced Life Support-Paramedic Care\_\_\_\_\_

Dates Affiliated: From (Mo/Yr)\_\_\_\_\_ To (Mo/Yr)\_\_\_\_\_

Offices and Special Positions Held, and Dates These Positions Held

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2.

Name of Organization \_\_\_\_\_

Address of Organization \_\_\_\_\_

Type of Organization: Ambulance\_\_\_ First Response\_\_\_ Other\_\_\_

Highest Level of Care

Provided by Organization: Basic Life Support\_\_\_\_\_  
Automated External Defibrillation\_\_\_\_\_  
Intermediate Life Support\_\_\_\_\_  
Advanced Life Support-Critical Care\_\_\_\_\_  
Advanced Life Support-Paramedic Care\_\_\_\_\_

Dates Affiliated: From (Mo/Yr)\_\_\_\_\_ To (Mo/Yr)\_\_\_\_\_

Offices and Special Positions Held, and Dates These Positions Held

BROOME COUNTY DIVISION OF EMERGENCY MEDICAL SERVICES

Application for Advanced Life Support Preceptor

PREHOSPITAL EMERGENCY MEDICAL SERVICES EXPERIENCE - Continued

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3.

Name of Organization \_\_\_\_\_

Address of Organization \_\_\_\_\_

Type of Organization: Ambulance \_\_\_ First Response \_\_\_ Other \_\_\_

Highest Level of Care

Provided by Organization: Basic Life Support \_\_\_\_\_  
Automated External Defibrillation \_\_\_\_\_  
Intermediate Life Support \_\_\_\_\_  
Advanced Life Support-Critical Care \_\_\_\_\_  
Advanced Life Support-Paramedic Care \_\_\_\_\_

Dates Affiliated: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

Offices and Special Positions Held, and Dates These Positions Held

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4.

Name of Organization \_\_\_\_\_

Address of Organization \_\_\_\_\_

Type of Organization: Ambulance \_\_\_ First Response \_\_\_ Other \_\_\_

Highest Level of Care

Provided by Organization: Basic Life Support \_\_\_\_\_  
Automated External Defibrillation \_\_\_\_\_  
Intermediate Life Support \_\_\_\_\_  
Advanced Life Support-Critical Care \_\_\_\_\_  
Advanced Life Support-Paramedic Care \_\_\_\_\_

Dates Affiliated: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

Offices and Special Positions Held, and Dates These Positions Held

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PLEASE READ THE STATEMENT BELOW, AND SIGN THE APPLICATION IF YOU AGREE:

I, the undersigned applicant, do hereby submit this application for my consideration for appointment as a Broome County Advanced Life Support Internship Preceptor. I hereby certify that all statements and information furnished within, or in support of this application, are accurate and complete to the best of my knowledge and belief. I hereby authorize the Broome County Office of Emergency Services, and specifically the Broome County Emergency Medical Services Coordinator and/or his designee, to investigate and verify the accuracy of any or all statements and information furnished within, or in support of this application, and to contact any or all persons or organizations named herein, for the purposes of such investigation and verification.

I understand and agree that, if appointed a Broome County Advanced Life Support Internship Preceptor, I will be serving in such capacity fully at the discretion of the Broome County EMS Medical Director, and am therefore subject to removal from said capacity by him, at any time, with or without cause. I also understand and agree that my status as an Advanced Life Support Internship Preceptor, as it applies within any ALS agency on whose behalf I propose to serve in this capacity, is subject to approval by that agency, and that, even if approved by the EMS Medical Director to function as an ALS Preceptor, I may only do so to the extent permitted by the duly appointed officials of the agency. I further understand and agree that my performance in the capacity of Broome County Advanced Life Support Internship Preceptor, if I am so appointed, will be reviewed by the EMS Medical Director, or his designee, on an annual or more frequent basis, and that the results of this review may be used to determine whether or not I will continue in this capacity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

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I hereby approve this application for Advanced Life Support Preceptor designation, and authorize the above named applicant to act in the capacity of Advanced Life Support Preceptor on behalf of (Name of ALS Organization) \_\_\_\_\_

Signature of Chief Operational Officer of ALS Agency Title Date

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I hereby approve the above application for Broome County ALS Preceptor, and appoint the individual named subject to satisfactory performance and periodic review by myself and/or my designee(s).

\_\_\_\_\_  
Broome County EMS Medical Director

\_\_\_\_\_  
Date of Approval