



# TIOGA COUNTY BUREAU OF FIRE / EMS

Emergency Medical Service Education Program  
 103 Corporate Drive Owego, New York 13827 607-687-8470 ex 153

## Preceptor Application

<input type="checkbox"/> Original Application <input type="checkbox"/> Renewal Application <input type="checkbox"/> ALS Preceptor <input type="checkbox"/> BLS Preceptor					
Name		Application Date			
Address 1		Sponsoring Agency			
Address 2		Agency 2			
City/State/Zip		Certification	<input type="checkbox"/> EMT <input type="checkbox"/> EMTI <input type="checkbox"/> EMTCC <input type="checkbox"/> EMTP		
Phone		Expiration Date			
Has your certification ever been subject of investigation, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:					
<hr/> <hr/>					
Have you maintained Active Status with your sponsoring agency for the two years immediately preceding this application? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
Have you achieved "Crew Chief" status with your sponsoring agency? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
I hereby affirm that the information contained herein to be completely accurate to the best of my knowledge. I further understand that if any information is misrepresented or found to be inaccurate, I shall be removed from the position or preceptor. I acknowledge that further disciplinary action can be pursued based on any misrepresentation.					
<hr/> Signature		<hr/> Date			
Attachments Required    Copy of valid NYS EMS Certification (Wallet card) and CPR Card Letter of recommendation from EMS Officer or Medical Director					
Date Reviewed	Credentials Verified <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	Date	Date Approved	Expires	<input type="checkbox"/> BLS <input type="checkbox"/> ILS <input type="checkbox"/> ALS
Interview Date	Interviewed By			EMS Coordinator Signature	