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## Clinical Faculty (Preceptor) Policy

### Qualifications:

1. Complete a Northeastern New York EMS Educational Corporation (Ed Corp) Clinical Faculty (Preceptor) Application and Clinical Faculty (Preceptor) Agreement
2. Complete an approved Preceptor Course
3. Hold current certification as a NYS EMT or Advanced EMT
4. Must be currently active and providing pre-hospital care with an EMS agency and have a minimum of one year of clinical experience within the last three years
5. Must submit a letter of recommendation from an authorized agency official within your primary EMS agency. This letter must be on agency letterhead, state you are a member in good standing, and that he/she endorses your approval as a preceptor.
6. Must be approved by the Ed Corp Course Administrator
7. Must be approved by the Ed Corp Medical Director

### Duties:

1. Must be familiar with the course objectives (supplied by Ed Corp) for the various levels of certification
2. Must be familiar with course field internship requirements (supplied by Ed Corp) for the various levels of certification
3. Must receive verification from the student of participation in an Ed Corp Certification class. Further, you must verify through written documentation that the student has been approved by the CIC to perform specific skills during ride time prior to letting the student perform those skills
4. Must be familiar with the Ed Corp Field Evaluation Forms and must only use those forms during the evaluations
5. Must be able to write an objective evaluation on the student's performance. The evaluations are reviewed by the Ed Corp Medical Director and therefore must adequately describe the student's abilities and performance of required tasks as outlined in the course field internship requirements
6. Upon completion of the call the preceptor must review the evaluation with the student. In addition to going over the evaluation, this time should also be spent reviewing aspects of the call, answering any questions and reinforcing course objectives. The preceptor must give the student feedback in the form of praise and/or constructive criticism
7. Must remain current in regards to NYS Protocols, Regional Protocols, and Ed Corp Policies and Procedures
8. Must be able to adequately demonstrate skills
9. Must be an observer and therefore with the student throughout the duration of the call, but must intervene when patient care is in danger of becoming compromised
10. Must be able to recognize the inability to perform a non-biased evaluation (ie: student is a family member, close friend, employer) and therefore excuse themselves as the preceptor

### Preceptor's Term of Duty:

- **Basic EMT Preceptors**  
EMT-B Preceptors will maintain their current Preceptor status for a period of two years from the date of the agreement as long as they maintain a current NYS EMT-B Certification card
- **Advanced EMT (Intermediate through Paramedic) Preceptors**  
A-EMT preceptors will maintain their current Preceptor status for a period of two years from the date of the agreement as long as they maintain their Medical Control Privileges within the Mountain Lakes Region
- **Loss of Current Certification of Medical Control**  
Any EMT-B or A-EMT that loses their current Certification or Medical Control Authorization will need to complete the renewal process as outlined below

### Renewal Process:

1. Complete an Ed Corp Clinical Faculty (Preceptor) Renewal Application
2. Evaluation and approval of the Ed Corp Course Administrator

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# Northeastern New York EMS Educational Corporation

333 Aviation Road, Building A, Suite 1  
Queensbury, NY 12804

## Clinical Faculty (Preceptor) Application

Name: \_\_\_\_\_ Tech Number (if applicable): \_\_\_\_\_

Current level of Certification in New York State: \_\_\_\_\_ Years Certified at this level: \_\_\_\_\_

Address: \_\_\_\_\_ (Street and/or PO Box) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Name of the current Primary EMS Agency that you are affiliated with in the Mountain Lakes Region: \_\_\_\_\_

Name of that agency's Medical Director \_\_\_\_\_

The number of years that you have been a member with that Agency: \_\_\_\_\_

Please list any other agencies that you are affiliated with that you will or would be able to Precept with below:  
\_\_\_\_\_

### Current Preceptor

Are you a currently a Preceptor within New York State? Yes  No

If Yes, in what region?  Mountain Lakes  REMO  AAREMS  Other \_\_\_\_\_ (Where)

Please indicate the number of years that you have been a preceptor in that region: \_\_\_\_\_

Please indicate at what level that you can precept at in that region: \_\_\_\_\_

### Not Currently a Preceptor

Please check the following: Have you taken a Preceptor Course in the Mountain Lakes Region? Yes  No

If Yes: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Instructor Name) (Location of course) (Date)

At what level are you seeking to be a Preceptor at?  EMT-B  AEMT-I  AEMT-CC  AEMT-P

### PLEASE SUBMIT THE FOLLOWING WITH THIS COMPLETED APPLICATION

- Current NYS EMT Certification Card, BLS Healthcare Provider Card, and any other related certifications
- A copy of your preceptor course certificate
- A letter from a primary agency official, on agency letterhead, stating you are a member in good standing and he/she requests you be granted preceptor status

### List of References

Please provide three individuals to be considered as your list of references, including at least one agency official

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



# Northeastern New York EMS Educational Corporation Clinical Faculty (Preceptor) Agreement

This agreement, dated \_\_\_\_/\_\_\_\_/\_\_\_\_, between the Northeastern New York EMS Educational Corporation (Ed Corp), an approved New York State course sponsorship, having its office located at 333 Aviation Road, Building A, Suite 1 in Queensbury, NY 12804 and (the Preceptor), an approved New York State EMT,

\_\_\_\_\_ Name  
located at \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

is intended to facilitate students, enrolled in Ed Corp NYS Certification courses, in meeting the NYS Certification requirements during their course field internship.

The parties agree as follows:

1. The purpose of this agreement is to provide Ed Corp students with a course field internship.
2. The Preceptor, by signing this agreement, agrees that he/she meets the qualifications as outlined in the Clinical Faculty (Preceptor) Policy, and
3. The Preceptor, by signing this agreement, also acknowledges that he/she has read the duties as outlined in the Clinical Faculty (Preceptor) Policy, and agrees to follow them.
4. The Ed Corp representatives, by signing this agreement, acknowledge the Preceptor as an Ed Corp Clinical Faculty Preceptor.
5. The Ed Corp, by signing this agreement, agrees to provide the Preceptor with the tools (i.e. updates, changes in policy, course forms) necessary to assist the Ed Corp student during their course field internship experience.
6. Either party hereto may terminate this agreement upon written notification to the other party and the Ed Corp Course Medical Director with or without cause.

Accepted by:

\_\_\_\_\_ The Preceptor \_\_\_\_\_ Date

\_\_\_\_\_ Educational Corporation Course Administrator \_\_\_\_\_ Date

\_\_\_\_\_ John Broderick, MD, FACEP, Ed Corp Medical Director \_\_\_\_\_ Date