



Northeastern New York EMS Educational Corporation

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

Clinical Faculty (Preceptor) Renewal Application

Name: _____ Current level of certification in New York State: _____

Address: _____ (City) _____ (State) _____ (Zip)

Home Phone (____)____-____ Work Phone (____)____-____ Cell Phone (____)____-____

Name of your primary EMS agency affiliation in the Mountain Lakes Region: _____

Please list any other agencies you are affiliated with that allow you to precept: _____

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 approved NY State EMT listed above (the Preceptor), 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

_____ Ed Corp Course Administrator _____ Date

Sponsored by:

I, _____, primary agency official of _____
 (Print Name) (Agency Name)
 have verified the above-mentioned preceptor is a member in good standing with a current EMT and BLS Healthcare Provider card. By signing this agreement on behalf of your agency, you are endorsing him/her to continue precepting at their previously approved level.

_____ Date

_____ Agency Official