

**Northwest Community Healthcare Paramedic Program  
Preceptor Application 2025**

Name:	Employer:
Phone #:	Shift: <input type="checkbox"/> 1 <sup>st</sup> /Black <input type="checkbox"/> 2 <sup>nd</sup> /Red <input type="checkbox"/> 3 <sup>rd</sup> /Gold
e-mail address:	Date of original PM/PHRN licensure:
Original PM/PHRN education site:	Date of NWC EMSS entry:

Prior teaching experience (EMS or other) and additional certifications (Submit current card/license if applicable)		
<input type="checkbox"/> CPR instructor	<input type="checkbox"/> Firefighter instructor	<input type="checkbox"/> Illinois EMS Lead Instructor
<input type="checkbox"/> ACLS, ITLS, PHTLS Provider	<input type="checkbox"/> ACLS, ITLS, PHTLS Instructor	<input type="checkbox"/> Faculty/preceptor for PM class
<input type="checkbox"/> PALS, PEPP Provider or instructor	<input type="checkbox"/> Peer Educator: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
<input type="checkbox"/> Other: Last served as a Field Preceptor (years)		
<b>Preceptor applicant:</b> Please give a brief description of why you would like to be accepted as a Field Training Officer/Preceptor.		
Previously completed the NWC EMSS Field Preceptor course? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last attendance:		

<b>I recommend this candidate for preceptor status in the NWC EMSS.</b>	
Signature Chief/EMS CEO or ED supervisor::	Date:

**Forward to assigned System hospital EMS Coordinator/Educator.**

Qualifications	RN verification
Currently licensed as a Paramedic/PHRN in good standing in the NWC EMSS	
Peer II (or higher) educator unless previously approved as a Field Preceptor prior to 2018	
No sustained complaints relative to patient care or allegations of ethical misconduct that would suggest high risk behavior in the past year per Policy G-1	
Has 2 years' experience as a PM/PHRN in the NWC EMSS meeting all System requirements or has received a waiver for early eligibility.	
Has had direct patient care in at least 6 of the last 12 months. (If no, submit how they have maintained full knowledge and competency of EMS knowledge, skills, and attitudes (KSAs).	

KEY: SA: Strongly agree A: Agree D: Disagree SD: Strongly disagree

Rating of recommended qualifications:	SA	A	D	SD
Proficient in EMS care; excellent technical skills; conforms with best practice guidelines and System standards with no sustained complaints in EMS file				
Good to excellent ability to think critically, problem solve and make effective decisions; able to articulate reasons for actions while performing them; and excellent adaptive competence				
Demonstrates a high level of emotional intelligence; maintains positive interpersonal relationships; and has excellent cultural competence and humility.				
Shows genuine interest in others, a willingness and ability to teach; is patient, and displays sincere interest in professional development for self and others				
Skilled in evaluation and providing feedback: Able to effectively coach behavior				

<b>This candidate is qualified and recommended for field preceptor status in the NWC EMSS.</b>	<b>Yes</b>	<b>No</b>
Signature of Hospital EMSC/educator	Date:	

**If YES:** Forward to Pamela Ross ([pross@nch.org](mailto:pross@nch.org)) or fax: 847-618-4489 **If NO:** Continue on back

**If a concern is raised by the Hospital EMSC/Educator that a candidate may be unqualified or inappropriate based on program guidelines, a discussion shall take place between the hospital EMSC/educator and the Agency Chief/EMS CEO or their designee to clarify the objections and reach consensus.**

Summary of discussion:

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**If they cannot reach consensus, the concerns will be forwarded to the Program Director to discuss with the EMS Medical Director.**

Summary of discussion:

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**Outcome:**

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Program Director Signature

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Date: