



McLean County Area EMS System

Preceptor Class REGISTRATION FORM

Preceptor Course

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

AFFILIATION _____

Current Shift: _____

Credentials:

First Responder EMT-B EMT-I EMT-P

IDPH EMT Licensure Number _____

Expiration Date _____

Bring the following on the day of class:

- Copy of current license
- Photo ID
- Recommendation letter from your agency.

Prerequisites:

- Maintain a valid license as an EMT-Basic, EMT-Intermediate, EMT-Paramedic, or PHRN in the State of Illinois and remain in good



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standing with an EMS agency within the Mclean County Area EMS System

- Functioned at current level of licensure in the State of Illinois for no less than 1 year
- Functioned at current level of licensure in the MCAEMS for no less than 6 months.
- Provide a written recommendation from Agency Chief or Training officer approving your role in their agency as a preceptor.

Course Results:

To Be Completed by Course Coordinator

Pre-test Score _____

Written Exam Score _____ Retake Score _____

COMMENTS

Kris Newcomb RN, BSN
Education Coordinator
McLean County Area EMS Systems

309-827-4348

knewcomb@mcleancountyems.org