



LEAD PRECEPTOR / PRECEPTOR AGREEMENT

Initial each	Statements of affirmation
	<p>Qualifications</p> <p>I have been licensed in the McHenry Western Lake County EMS System (MWLC EMSS) for a minimum of two years (one year for Preceptor) or have been granted a waiver for early eligibility, am currently in good standing, and meet the Lead Preceptor / Preceptor qualifications as specified in System policy.</p>
	<p>If new to this role, I understand that I must successfully complete a Lead Preceptor / Preceptor orientation class given by the Resource Hospital prior to the first assignment and again at least every two years or more often if changes in practice or field internship processes have occurred.</p>
	<p>I affirm that I meet the required professional characteristics to be effective in this role: Proficient in EMS care; effective communicator; maintains positive working relationships and builds high-performing teams; makes reasoned and effective decisions; is competent in performance evaluation and corrective coaching; shows genuine interest in others; characterizes ongoing professional and life-long learning; and uses standards, guidelines, and/or data to drive practice.</p>
	<p>Prior to the onset of this role</p> <p>Prior to functioning in this role, I agree to consult with my agency EMS Coordinator and become informed regarding my assignment. I further agree to become familiar with the objectives, processes, and paperwork for all phases of the field experience and my role as a Lead Preceptor / Preceptor as outlined in the MWLC EMSS Lead Preceptor / Preceptor policy and educational materials. I agree to comply with policy and expectations of this role.</p>
	<p>I have access to the current Region IX MWLC EMSS SOPs, Policy, and Procedure manuals. I agree to perform in conformity with these documents when providing patient care and when functioning in the role of Lead Preceptor / Preceptor.</p>
	<p>While functioning in this role</p> <p>I affirm that a Probationary Paramedic/Student is a licensed EMT/Paramedic and that all Advanced Life Support (ALS) assessments and skills performed by the person being evaluated must be done under my direct supervision or the supervision of another MWLC EMSS-approved Preceptor to ensure patient and responder safety.</p>
	<p>I affirm that it is my responsibility to ensure that all patient care reports (PCRs) completed by the student are factual, accurate, complete, and timely before I sign them and, that I am responsible for checking all ambulance/equipment cleaning and restocking performed by the student to ensure an appropriate environment of care and duty readiness for EMS response.</p>
	<p>I affirm that the student must submit paperwork and formative evaluations completed by a Preceptor or a Lead Preceptor for each and all patient care interactions. I affirm that I am responsible for completing an evaluation of the student's knowledge, skills, and abilities (KSAs) on each submitted run in a timely manner as required.</p>
	<p>I affirm that I must meet for a minimum of two meetings during a student's clinical rotation to discuss the student's progress in achieving objectives with the appropriate person. (Paramedic Lead Instructor for Paramedic Students, MWLC EMSS Coordinator or Assistant Coordinator if Paramedic / PHRN seeking to affiliate with MWLC EMSS, or existing MWLC EMSS personnel on a Performance Improvement Plan).</p>
	<p>I agree to organize and host regular meetings to coach and mentor students and discuss: All calls completed; including chief complaints and SAMPLE, assessment findings, medications (EMS and prescription); interventions that were or should have been instituted per SOP; the paramedic impression; rationale for patient disposition; and the general pathophysiology of that disease or injury.</p>
	<p>I agree to participate in the creation and/or execution of educational plans needed to foster success.</p>

I affirm and agree to comply with the above conditions and provisions. I understand that persistent deviations from Lead Preceptor / Preceptor performance standards may result in the suspension of my Lead Preceptor / Preceptor status in MWLC EMSS pending a review and communication with my Chief/EMS Supervisor or their designee.

Preceptor Name (PRINT)

Preceptor Signature

MWLC EMSS Coordinator / Assistant Coordinator

Date