



Central Shenandoah Emergency Medical Services Council

2312 West Beverley Street, Staunton, VA 24401 (540) 886-3676 (800) 868-5646 FAX (540) 886-3735

www.csems.vaems.org Email: csems@vaems.org

**Central Shenandoah Emergency Medical Services Council
Preceptor Training Participation Form**

Section-1: PRECEPTOR INFORMATION. To be completed by the regional preceptor.

_____	_____	_____
Last Name	First Name	Certification Level
_____		_____
Street Address		Phone (Home)
_____	_____	_____
City/Town	State	Zip Code
_____		EMS Agency

E-mail address		

Section-2: INSTRUCTOR INFORMATION. To be completed by the lead instructor or coordinator for the training session attended.

_____	_____	_____
Last Name	First Name	Certification Level

Check the type of training session conducted: EMT-E lab EMT-I lab Skills Drill

ALS CE with lab EMT-E testing EMT-I testing Other (Specify): _____

Date of Session: _____ Location: _____

Section-3: EVALUATION. To be completed by the lead instructor or coordinator for the training session attended. **Select one choice.**

- The above named preceptor participated as an adjunct instructor or evaluator at the training session indicated. The preceptor demonstrated competence in the topic being taught or evaluated at the training session.
 - The above named preceptor participated as an adjunct instructor or evaluator at the training session indicated. The preceptor did not demonstrate competence in the topic being taught or evaluated at the training session.
- Explain: _____
- _____
- _____

Instructor Signature

SUBMIT FORM TO: Central Shenandoah EMS Council, 2312 W. Beverley St., Staunton, VA 24401 • FAX 540-886-3735

***** CSEMS OFFICE USE ONLY *****

Date Received: _____

Comments: _____