

**CONTRA COSTA COUNTY  
PARAMEDIC EVALUATOR APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Employer: \_\_\_\_\_

Contra Costa County accreditation #: \_\_\_\_\_ State Certification #: \_\_\_\_\_

Date first certified/accredited as a paramedic: \_\_\_\_\_

Date first certified/accredited in Contra Costa County: \_\_\_\_\_

Date of preceptor training course: \_\_\_\_\_

Location: \_\_\_\_\_

Date first approved as paramedic student preceptor: \_\_\_\_\_

List paramedic training programs for which you have precepted: \_\_\_\_\_

\_\_\_\_\_

List your teaching experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other related qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



EMS AGENCY USE ONLY

**Recommendations:**

Employer: \_\_\_\_\_  
NameDate

Base Hospital: \_\_\_\_\_  
NameDate

EMS: \_\_\_\_\_  
NameDate

Approved:  Yes  No If No, reason: \_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_