



Emergency Medical Technology Program



PRECEPTOR AGREEMENT

The role of the EMS Preceptor holds an integral part in the education process of the EMT/Paramedic student. Much appreciation is directed towards all those who agree to participate in the Texarkana College Emergency Medical Technology Preceptor Program. The Preceptor will actively participate in the education and training of the EMT and/or Paramedic student. The role will include direct supervision of the student's activities in the hospital and/or field environment. The student is expected to adhere to all requirements of the program and policies/procedures of the clinical agencies/institutions. The student will participate in patient care relevant to the program training guidelines with Preceptor approval. Goals and objectives, as well as clinical evaluation forms specific to each area will be provided prior to the clinical assignment. The Preceptor will validate the student's competencies and achievements, while under their direction by completing and validating their respective evaluation tools.

As a designated Preceptor of the Texarkana College Emergency Medical Technology Program, I acknowledge completion of the Preceptor Orientation Course and have been made aware of the contents of the Texarkana College EMT Program Student Handbook, the EMT and Paramedic Clinical syllabi as well as the student's goals and objectives specific to each area. Also, I agree to adhere to these policies and will maintain a professional attitude at all times while performing the role of clinical Preceptor. At any time upon discretion of the Program Coordinator and/or Medical Director, a Preceptor can be temporarily or permanently suspended from the educational process.

If any situation arises that is of concern to the Preceptor and/or student, the Program Coordinator, James Smith, should be contacted immediately at: 903-823-3411 or 903-277-7924. **Students are assigned to the clinical areas only by approval of the Program Coordinator and at no time should they make their own arrangements.**

Print Name: _____ Agency: _____

Preceptor Signature

Date: _____

TC EMT Program Coordinator Signature

Date: _____