

**DEPARTMENT OF HEALTH & SOCIAL SERVICES**  
Public Health Division

**GERALD HUBER**  
Director

**PRANAV SHETTY, MD, MPH**  
EMS Agency Medical Director

**EMERGENCY SERVICES BUREAU**  
355 Tuolumne Street,  
Suite 2400, MS 20-240  
Vallejo, CA 94590



**SOLANO**  
**COUNTY**

**BENJAMIN GAMMON, EMT-P**  
Interim EMS Agency Administrator

(707) 784-8155  
www.solanocounty.com

**POLICY 3420 ATTACHMENT A**  
**PARAMEDIC PRECEPTOR APPLICATION RENEWAL**

**FOR:** \_\_\_\_\_ **through** \_\_\_\_\_  
(Start date) (Accreditation expiration date)

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**CALIFORNIA STATE PARAMEDIC LICENSE #:** \_\_\_\_\_

**SOLANO COUNTY PARAMEDIC #:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**Years as an accredited Paramedic in Solano County:** \_\_\_\_\_

***Years as a Designated Paramedic Preceptor in Solano County:*** \_\_\_\_\_

<b>Name of Paramedics/Paramedic Interns Precepted OR EMS Instruction</b>	<b>Dates Precepted or Instructed</b>

\*If more room is needed, continue on the back of this application.

**I hereby attest that all statements above are true.**

\_\_\_\_\_  
Applicant Signature