MEMORANDUM OF UNDERSTANDING

EMS Clinical Preceptor

I, _____ have reviewed the enclosed material and accept the
(*preceptors printed name*)
roles and responsibilities of the clinical preceptor. I am familiar with the program's documents and clinical objectives for the student. I have submitted documents that verify my years of EMS experience and level of licensure. I have also included additional documents that satisfy any prerequisites for this position. I understand that a continuous line of communication is necessary between preceptor, student, course instructor, and the West Virginia Public Service Training Coordinator. I will review all clinical documentation of the EMT student and provide non-biased objective feedback.

_____ _____
Preceptor Signature Date

_____
Preceptor Address (*please print clearly*)

_____
City State Zip

_____
Date of Birth

_____
Email

_____
Telephone Number (*best number to be reached*)