



ACKNOWLEDGEMENT OF PRECEPTOR PACKET & ORIENTATION

I _____ have reviewed the Field Packet for Preceptors and understand the contents. I am aware that I am to contact the ALS Coordinator of my jurisdiction or department, the Regional Field Coordinator for LFEMS Council or the clinical program director of the Lord Fairfax Community College program if I need any further assistance. I acknowledge that these documents are extremely important to the training of ALS providers and that any falsification may result in termination of my preceptor status.

Preceptor Signature: _____

Preceptor Name: _____

Please Print

Date: _____