



FAUQUIER COUNTY FIRE, RESCUE & EMERGENCY MANAGEMENT

TRAINING AND LOGISTICS DIVISION
210 HOSPITAL DRIVE, SUITE 100
WARRENTON, VA 20186
(540) 422-8820



PRECEPTING AUTHORIZATION FORM

Student Name: _____

Affiliation: _____

PRECEPT/INTERN

Precepting: Interning: Class Dates: _____

PRECEPT/INTERN LEVEL:

Paramedic: Intermediate: Enhanced:

Lead Preceptor: _____

RIDEALONG

- ACTIVE PARTICIPANT:** Preceptee or Intern who is allowed to function under the supervision of a preceptor but, is from an agency outside Fauquier County.
- INACTIVE PARTICIPANT:** A Citizen or VIP who wishes to ride with a Fauquier County Unit for the purposes of observing fire and rescue services.

Checklist:

- ∇ Ride-along form (if out of County)
- ∇ Class permission to practice form (if interning)
- ∇ ALS certification (if precepting)
- ∇ CPR card

Student Signature

Training Division Representative

I certify that information listed above is true and complete. I understand that false information may be grounds for termination of precepting/internship. I authorize the verification of any or all information listed above.