



*Washington County, Maryland
Division of Emergency Services*

*16232 Elliott Parkway, Williamsport, Maryland 21795
Primary 240-313-4362 Fax: 240-313-2963*

Subject: Field Training Program Qualification and Guidelines
Number:
Date: January 29, 2013
Revised: **January 4, 2021**

Qualifications

Field Training Supervisor:

Must be functioning provider at the level for which he/she is requesting FTS status for a minimum of three years within Washington County.

Must have documented 200 calls as primary provider at the level for which he/she is requesting status.

Must be certified at the MFRI, MFSBQB or equivalent EMS Officer I or Fire Officer I level.

Must hold current instructor certification (any of the following)

- MICRB
- NBFSPQ Instructor
- MFRI Instructor I
- AHA Core + Healthcare
- ASHI CPR Pro
- AHA or ASHI ACLS
- AHA or ASHI PALS
- NAEMSE Instructor I or II

Must have prior FTC experience in EMS field operations.

Must be familiar with the current Maryland Medical Protocols as demonstrated in a protocol exam.

Must be endorsed by primary affiliation.

Must be approved by the jurisdictional Medical Director

Must be approved by the Highest Jurisdictional EMS authority

Must take an approved Washington County EMS Operational Program FTS course.

Must have completed county Wellness physical.

Duties



Washington County EMS Operational Program EMS Field Training Coach Application

Shall function as the company contact for supervising an intern's FT program.

Coordinates with orientees other preceptors to recognize deficiencies and recommend additional training.

Makes recommendations to the EMS Operational program for clearance of providers.

Provide objective and subjective evaluation of the intern's performance

Act as a teacher to the intern, providing both praise and constructive criticism

Provides feedback and completes documentation attesting to intern's clinical proficiency, working relationship, patient interactions and professional standards.

Performs call reviews with all members of the crew

Highly Qualified Candidates.

Highly qualified providers identified at the company level, who may otherwise lack specific time or certification requirements, may be submitted to the Division of Emergency Services for review and consideration by the Medical Director.



Washington County EMS Operational Program EMS Field Training Coach Application

Field Training Coach

Must be functioning provider at the level for which he/she is requesting FTC status for a minimum of one year within Washington County.

Certified provider at the level for which he/she is requesting FTC status for a minimum of three years.

Must have documented 100 calls as primary provider at the level for which he/she is requesting status

Must hold or have previously held instructor certification (one of the following):

- MICRB
- NBFSPQ Instructor
- MFRI Instructor I
- AHA Core + Healthcare
- ASHI CPR Pro
- AHA or ASHI ACLS
- AHA or ASHI PALS
- Completion of the FISDAP Preceptor Training Program.

Prior FTC experience preferred. Skills verification may be required.

Must be familiar with the current Maryland Medical Protocols as demonstrated in a protocol exam.

Must be endorsed by primary affiliation.

Must be approved by the jurisdictional Medical Director

Must be approved by the Highest Jurisdictional EMS authority

Must take an approved Washington County EMS Operational Program FTC course.

Must have completed county Wellness physical.

Duties

Shall function as a field mentor to evaluate competencies of new field providers and students.

Makes recommendations to the department Lead preceptors and EMS Operational program for clearance of providers.

Provide objective and subjective evaluation of the intern's performance

Act as a teacher to the intern, providing both praise and constructive criticism



Washington County EMS Operational Program EMS Field Training Coach Application

Provides feedback and completes documentation attesting to interin's clinical proficiency, working relationship, patient interactions and professional standards.

Performs call reviews with all members of the crew

Term of Duty

Preceptors will be reviewed biannually by the EMS operational program.

Preceptors whom lose their active affiliation will be required to reapply.

Highly Qualified Candidates

Highly qualified providers identified at the company level, who may otherwise lack specific time or certification requirements, may be submitted to the Division of Emergency Services for review and consideration by the Medical Director.

Application Process

Complete a Washington County Preceptor Application

Submit a recommendation by the applicant's primary affiliation attesting to years of service, position within the organization and officer's consideration for appointment.

Submit a resume or curriculum vitae.

Interview and be approved by the Washington County Operational program and jurisdictional medical director.

Attend a Washington County approved preceptor training session.



Washington County EMS Operational Program
EMS Field Training Coach Application

Name: _____ Provider Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____)____ - _____ Work: (____)____ - _____ Cell: (____)____ - _____

Years at Current Certified Level: ____ EMT ____ CRT ____ Paramedic

When did you receive cleared status at your current level? _____

Primary Agency: _____

Other affiliated agencies: _____

Date of Preceptor Course: ____/____/____ Instructor: _____
(Will be assigned by DES QA)

Highest FTC Level You are Requesting: EMT-B, CRT-I, EMT-P

Please submit the following with this completed application

- ☐ Resume or CV
- ☐ Formal letter on agency letterhead recommending you for granted FTO status
- ☐ Proof of current County Wellness Physical

References – Provide 3 references that can speak to your abilities as an FTO. Use a separate sheet and include their name, relationship to you and contact information.

Approvals: I approve the appointment of the above named individual as a Field Training Coach for the Washington County EMS Operational Program.

Agency Chief (or designate): _____ **Date** _____

EMSOP Approval: _____ **Date:** _____

Medical Director: _____ **Date:** _____

Office Use Only-----

Date Approved: _____