

Complete this page before *beginning practicum*. Fax to 780 608 1235



**EMT PROGRAM**  
**Practicum Contract – Ambulance Experience**

*As soon as this contract is signed, it must be faxed to 780 608 1235*

*Please Print*

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Practicum Service or Hospital:** \_\_\_\_\_

**Preceptor Name:** \_\_\_\_\_

**Practicum Schedule:**

**(Please includes dates and times for all shifts scheduled with this preceptor)**

**I have read the above-listed practicum schedule and agree to attend my practicum shifts as outlined above. If I should need to make changes to this schedule or be absent from any of these shifts for any reason, I will contact both my practicum preceptor, and my school in advance.**

\_\_\_\_\_  
**Paramedic Student Signature**

\_\_\_\_\_  
**Practicum Supervisor**

\_\_\_\_\_  
**Date**

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