

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



PARAMEDIC PROGRAM
Practicum Contract – Intermediate 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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