



Shenandoah County Department of Fire and Rescue

Release to Practice / Precepting Summary Form

Date: _____

Jurisdictional Coordinator: _____
(name)

The following is a list of precepted calls completed by _____:
(precepting provider's name)

Incident Number	Date of Incident	Nature of Incident (Chief Complaint)	Evaluating Preceptor (name)

As an approved preceptor for Shenandoah County Dept. of Fire and Rescue, I feel _____ should be released to practice at the _____ level
(precepting provider's name) (Certification level)

with / without limitations. Our agency will continue to monitor his/her performance
(Circle one)

through peer review and the department's QA Program. Should you have any questions or concerns, feel free to contact me.

Preceptor's Signature: _____ Preceptor's Printed Name: _____

----- **FOR OFFICE USE ONLY** -----

Authorized for Release Not Authorized for Release Date: _____