Shenandoah County Department of Fire and Rescue

Release to Practice / Precepting Summary Form

Date: _____

Jurisdictional Coordinator Name: Courtney Cave

Preceptee Name: _____

Incident Number	Date of Incident	Nature of Incident (Chief Complaint)	Evaluating Preceptor (name)	Preceptor Call: Yes or No

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: _____