After reading this document, please remove page, complete and return the following agreement to:

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**AGREEMENT**

I have read, fully understand, and agree to follow preceptor guidelines as defined herein by the Arkansas Tech University-Ozark Campus Paramedic/EMS Program.

Signed this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arkansas EMSP License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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