

Intern Release Verification Form

This Section is to be completed by the Intern:

Please initial the following items and complete and sign the statement below. When this form is completed, contact Member Services at 385-1999. Bring this completed form with you when you pick up your released AIC ID card. Congratulations!

___ I have completed all of my required AIC courses (OSHA, Hazmat Awareness, ICS 100, ICS 700).

___ I have completed an evaluation form for every shift and documented all of my patient contacts.

___ I understand the rules, regulations, policies, procedures and protocols that govern me while performing as a provider with the Virginia Beach Department of Emergency Medical Services.

___ I have reviewed and understand the material in the AIC Orientation Course.

I, _____ (Intern Name), agree the above items are completed and submitted to the Virginia Beach Department of Emergency Medical Services. I certify that I have demonstrated adequate knowledge of skills, procedures, policies and protocols of all patient care and management objectives expected of an Emergency Medical Technician for the Virginia Beach Department of Emergency Medical Services.

Intern Signature: _____

Date: _____

This Section to be completed by the Station Squad Commander or AIC Training Coordinator:

_____ (Intern Name) has satisfactorily completed a basic life support attendant-in-charge (AIC) internship. He/she has adequately demonstrated the knowledge, skills and abilities required to function as an Ambulance AIC for the Virginia Beach Department of Emergency Medical Services.

Signature: _____

Date: _____

Print Name and Title: _____

Date received by EMS Admin:	Date ID issued:
	Issued by: