



ALS Field Training Officer (FTO) Application

Name: _____ Date: _____

E-mail: _____ Phone Number: _____

Agency and Station #: _____

Date released as ALS provider with the City of Virginia Beach: _____
Minimum of 2 Years Before Date of FTO Class

Certification Expiration _____

Applicant's Supervisor Recommendation

EMS Squad Commander/ EMS Shift Captain / Fire Captain

Name (Print): _____ Date: _____

Title (Print): _____

Recommended for Approval: Yes No

Signature: _____

Comments: _____

Office Use Only – ALS Training Coordinator Will Contact for Recommendation			
EMS Training Brigade Chief	Date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Training Brigade Chief	Date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EMS Assistant Chief	Date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operations Division Chief	Date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training Division Chief	Date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operational Medical Director	Date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certification Training			
<input type="checkbox"/> CPR <input type="checkbox"/> ACLS <input type="checkbox"/> PALS <input type="checkbox"/> IS 100 200 700 800 <input type="checkbox"/> OSHA <input type="checkbox"/> Protocols			
<input type="checkbox"/> ALS Release Training			
Date ALS FTO class completed: _____			