



## ALS Field Training Officer (FTO) Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Rescue Squad/Agency: \_\_\_\_\_

Date released as ALS provider with the City of Virginia Beach: \_\_\_\_\_

Minimum of 2 Years Before Date of FTO Class

Level of certification:  Intermediate  Paramedic

### **Squad Commander/Captain Recommendation**

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Recommended for Approval:  Yes  No

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

### **Office Use Only – ALS Training Coordinator Will Contact for Recommendation**

EMS Training Captain Date: \_\_\_\_\_  Yes  No

Fire Training Captain Date: \_\_\_\_\_  Yes  No

Administrative EMS Brigade Chief Date: \_\_\_\_\_  Yes  No

Operations Division Chief Date: \_\_\_\_\_  Yes  No

Training Division Chief Date: \_\_\_\_\_  Yes  No

Operational Medical Director Date: \_\_\_\_\_  Yes  No

Certifications/Training:

CPR  ACLS  PALS  IS 100, 200, 700, 800  OSHA

Protocols  ALS Release Training

Date ALS FTO class completed: \_\_\_\_\_