



EMS Training: Proctor Team Interest Form

Name:			Proctor Intern #
Station/Agency:		Date:	
Address:			
Officer Code #			
Cell #:			
e-mail:			
Daytime availability?			

Current Certification Level: _____ Certification Expiration: _____

Year of Initial EMT Certification: _____ Graduated from VB Rescue BLS Academy #: _____

Date released to AIC or ALS: _____ Graduated from VB Rescue AEMT Academy # _____

I am interested in starting as an: (Check one)		I am currently on the Team: (check one)	
BLS Proctor	<input type="checkbox"/>	Released Proctor	<input type="checkbox"/>
ALS Proctor (AEMT)	<input type="checkbox"/>	Senior Proctor	<input type="checkbox"/>
I am requesting to rejoin the Team: (check one) >		Previously released: BLS Proctor	Date Left:
>		ALS Proctor	<input type="checkbox"/>

Do you have any experience with Instruction, proctoring, or mentoring?

List of EMS Certifications & Expirations:	List <i>Instructor</i> Certifications & Expirations:
CPR Expires:	
EVOG Certification :	



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What interested you to consider proctoring?

How did you hear about our program?

Are you actively running duties, in an operational status in the field? (Yes / No)

Employed by City of Virginia Beach? (Yes / No) Department: _____

➤ **Staff Only:**

CQI Officer: **Approved / Not Approved** **Date:** _____ **Initials:** _____

Name: _____ **Approval:** (In person or Via correspondence)

EMS Training Staff:

Approved or **Reapproved** or **Not Approved** (Circle One)

Proctor Team Coordinator, BLS Academy Program Director, or AEMT Academy Program Director:

Name: _____ **Signature:** _____ **Date:** _____

EMS Training Chief:

Name: _____ **Signature:** _____ **Date:** _____