



2016 Protocol Roll-Out Train-The-Trainer APPLICATION

EMS COUNCIL INC.

Name: _____

DATE (CIRCLE ONE): Mar 23-10a Mar 23-7p Mar 25 10a Mar 28-7p
Mar 31 -2p Mar 31- 7p Apr 02- 2p Apr 9- 2pm Apr 10- 2p

Email Address: _____

Address: _____

Phone(s): _____

Certification Level: ___Intermediate ___Paramedic

Certification# _____

Date Released in REMS as an ALS Provider: _____

___ALS Coordinator ___EC Coordinator

Additional Certifications: (please attach copies) ___ITLS Instructor

___ACLS Instructor ___PALS Instructor ___PEPP Instructor

Please describe teaching: _____

REMS Council Office Use:

_____Date Received _____Approved _____Denied

Reason for denial: _____

Regional Education Coordinator: _____



EMS COUNCIL INC.

2016 Protocol Roll-out Train-The-Trainer RECOMMENDATION

Applicant's Name: _____

How long has the applicant been a member of your agency? _____

How knowledgeable is the applicant of current REMS Council protocols and policies?

Why is this individual qualified to and needed to train providers:

Required comments: _____

Signature: _____

Print Name: _____

Title: _____

Phone Number: _____

Date: _____