

**Rappahannock EMS Council**

**EMT-B EVALUATOR CLASS**

**RECOMMENDATION FORM**

Applicant's Name: \_\_\_\_\_

Applicant has been a member of your agency since: \_\_\_\_\_

Is the Applicant a released AIC:  YES  NO If so, for how long? \_\_\_\_\_

Would you recommend the Applicant for the Evaluator Course:  YES  NO

REQUIRED COMMENTS: \_\_\_\_\_

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\_\_\_\_\_

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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