



EMS COUNCIL INC.

## TTT ALS Preceptor

### APPROVAL FORM

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

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

Date applicant was released: \_\_\_\_\_

Is the applicant active at your agency?: \_\_\_\_\_

Does the applicant participate with training new members: \_\_\_\_\_

Do you approve this applicant in becoming a preceptor trainer?:

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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