

Statement of 10 ALS Contacts

This form shall be completed by the ALS Field Training Officer (FTO) or Proctor who is employed by the ALS service provider. Once completed please **Email:** EMS@co.imperial.ca.us or **Fax:** (442) 265-1478.

Applicant Name _____ CA Paramedic License Number _____ Expiration Date _____

FTO Name _____ CA Paramedic License Number _____ Expiration Date _____

ALS Agency _____

In accordance with IC EMS policy #2400 EMT-P Accreditation, All candidates shall complete a field evaluation to determine the candidate's knowledge of local policies and protocols, radio communications, base and receiving hospitals, and other system features. Field evaluation shall include 10 ALS patient contacts to allow for evaluation of the applicant.

List PCR numbers associated with the ALS contacts:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

(FTO or Proctor Signature) _____

Date: _____

(Applicant Signature) _____

Date: _____