



**EMS COUNCIL INC.**

# **2012 Protocol Roll-out Train-The-Trainer RECOMMENDATION**

Please return to Lt. Mary Hart, fax (540) 422-8819, email: [mary.hart@faulquiercounty.gov](mailto:mary.hart@faulquiercounty.gov)

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:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Required comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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