



# EMS Provider Release Program

## Universal Check Sheet

Provider Name (Last, First)	EMS Certification #
Primary Preceptor Name(s)	Release Program Start Date (MM/DD/YY)

The EMS Provider Release Program requires the EMS provider function under the leadership and guidance of the Operational Medical Director (OMD), Training Captain and approved Wintergreen Fire-Rescue preceptors. The program is intended to ensure competency at the applicable EMS certification level and strengthen the skills of the EMS provider.

### Requirements: The provider shall complete the following requirements.

1. Complete the department orientation program. **Note: All providers are REQUIRED to complete OSHA-compliant exposure control training PRIOR to any assignment with the potential for patient contact.**
2. Provide the Training Captain copies of all training certifications.
3. Satisfactorily complete the cognitive, psychomotor and affective performance objectives and demonstrate a working knowledge of departmental and regional policies, procedures and protocols.
4. Complete the recommended hours of field internship. At all times during the release period, the provider shall serve as a third provider on an ambulance working under the direct supervision of an approved preceptor. **All shifts shall be scheduled in advance with the Training Captain or designee.**
5. Function as a team leader (all levels except EMR) for the number of recommended incidents under the direct supervision of an approved preceptor. Assignment to stations that provide for adequate patient contact times during transport is preferred.
6. Receive satisfactory evaluations on the EMS Shift Evaluation Forms completed for each shift by the preceptor.
7. Cognitive and psychomotor evaluation requirements (Required of all providers, regardless of agency or OMD affiliation). All providers shall satisfactorily complete a summative evaluation conducted by the Training Captain or his/her designee following conclusion of field precepting. The evaluation will include cognitive and psychomotor testing based on education standards, Wintergreen EMS protocols and Virginia EMS regulations.
8. Complete ambulance driver requirements and check sheet.
9. Complete the EMS Provider Release Form and forward to appropriate the Training Captain.
10. Complete the Driver Requirements "Ambulance" and accompanying check sheet.

### Shift Requirements: By the conclusion of each shift, the following tasks are to be completed.

1. Provider and preceptor document shift activities and competencies on the EMS Provider Release Form.
2. Preceptor completes an EMS Shift Evaluation form on the Wintergreen website. The preceptor and student review the evaluation prior to submission. *The EMS Shift Evaluation form serves to record shift hours and is required on all shifts, including those with no incidents.*

**Recommended Release Program Guidelines Matrix.** Recommended time and skill guidelines for *Upgrading* EMS Level. All new employees, regardless of level, are required a minimum of 60 hours of precepting.

	<b>Hours</b> <i>Preceptor Total</i>	<b>BLS Skill</b> <i>Tracking Points</i>	<b>ALS Skills</b> <i>Tracking Points</i>	<b>Transports</b> <i>Recommended</i>
<b>EMR</b>	24 (12)	3 (2)	N/A	5 (3)
<b>EMT</b>	36 (24)	5 (3)	N/A	10 (6)
<b>AEMT/Intermediate</b>	36 (24)	5 (3)	10 (6)	10 (6)
<b>Paramedic<sup>1</sup></b>	36 (24)	5 (3)	10 (6)	10 (6)

(#) Recommended for accelerated release program. Must be a released/practicing EMS provider for a different EMS agency with the same Operational Medical Director as Wintergreen Fire & Rescue.

**Records.** Record expiration and completion dates for the following credentials.

<b>Training/Certification</b>	<b>Date Completed</b> <i>if applicable</i>	<b>Credential No.</b> <i>if applicable</i>	<b>Expiration Date</b> <i>if applicable</i>	<b>Notes</b>
Virginia EMS Certification				
Bloodborne Pathogens				
Exposure Control Plan				
HIPAA				

**Prehospital Standard Patient Treatment Protocols**

The provider is responsible for a working knowledge of the Prehospital Standard Patient Treatment Protocols. Additionally, the provider is responsible for a basic understanding of Advanced Life Support skills to support/assist higher certification level providers, as applicable by certification level (i.e. EMT assisting during a venous access procedure).

**Instructions:** The preceptor shall review each of the following protocol sections with the provider. Date/Initial each item and provide comments as necessary. All section subtopics are listed for reference. Review topics that correspond to the provider's certification level as indicated in the regional prehospital protocols.

	<i>Record date completed under applicable column.</i>				<b>Preceptor</b>
	<b>EMR</b>	<b>EMT</b>	<b>AEMT/INT</b>	<b>PM</b>	<b>Initial</b>
<b>Section 1 – Patient Assessment</b>					
<b>Section 2 – Dysrhythmia Management (Adult)</b>					
<input type="checkbox"/> Cardiac Arrest (Adult) <input type="checkbox"/> Cardiac Arrest (Asystole/PEA) <input type="checkbox"/> Cardiac Arrest (VF/pVT) <input type="checkbox"/> Bradycardia <input type="checkbox"/> Tachycardia (SVT/VT) <input type="checkbox"/> Post-Resuscitation Care <input type="checkbox"/> Death Determination (includes Virginia DDNR protocols) <input type="checkbox"/> Special Resuscitation Circumstances					
	<b>EMR</b>	<b>EMT</b>	<b>AEMT/INT</b>	<b>PM</b>	<b>Initial</b>
<b>Section 3 – Dysrhythmia Management (Pediatric)</b>					
<input type="checkbox"/> Cardiac Arrest (Pediatric) <input type="checkbox"/> Cardiac Arrest (Asystole/PEA) <input type="checkbox"/> Cardiac Arrest (VF/pVT) <input type="checkbox"/> Bradycardia <input type="checkbox"/> Tachycardia (SVT/VT)					

	Record date completed under applicable column.				Preceptor
	EMR	EMT	AEMT/INT	PM	Initial
<b>Section 4 – Medical and Trauma</b>					
<input type="checkbox"/> Altered Mental Status <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Burns <input type="checkbox"/> Chest Pain (Non-Traumatic) <input type="checkbox"/> Combative Patient <input type="checkbox"/> Environmental Emergencies <input type="checkbox"/> Hyperglycemia <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Obstetrics <input type="checkbox"/> Pain Control <input type="checkbox"/> Respiratory Distress – FBAO <input type="checkbox"/> Respiratory Distress – Asthma/COPD <input type="checkbox"/> Respiratory Distress – Croup/Epiglottitis	<input type="checkbox"/> Pulmonary Edema / CHF <input type="checkbox"/> Seizures <input type="checkbox"/> Shock – Hypovolemia <input type="checkbox"/> Shock – Non-Hypovolemia (Cardiogenic) <input type="checkbox"/> Septic – Shock <input type="checkbox"/> Spinal Immobilization/Clearance <input type="checkbox"/> ST Elevation Myocardial Infarction (STEMI) <input type="checkbox"/> Stroke/CVA <input type="checkbox"/> Overdose/Poisoning/Toxicology <input type="checkbox"/> Trauma – Control of Bleeding <input type="checkbox"/> Trauma – Crush Syndrome <input type="checkbox"/> Trauma Management: Helicopter Operations <input type="checkbox"/> Trauma Management: Trauma Triage				

	EMR	EMT	AEMT/INT	PM	Initial
<b>Section 5 – Procedures</b>					
Note: Procedures are included under Psychomotor Skills					

	EMR	EMT	AEMT/INT	PM	Initial
<b>Section 6 – Drug Formulary</b>					
<input type="checkbox"/> Adenosine <input type="checkbox"/> Albuterol <input type="checkbox"/> Amiodarone <input type="checkbox"/> Aspirin <input type="checkbox"/> Atropine <input type="checkbox"/> Calcium Chloride <input type="checkbox"/> Cefazolin <input type="checkbox"/> Dextrose <input type="checkbox"/> Diphenhydramine	<input type="checkbox"/> Dopamine <input type="checkbox"/> Epinephrine <input type="checkbox"/> Epinephrine 1:10,000 <input type="checkbox"/> Epinephrine Infusion <input type="checkbox"/> Fentanyl <input type="checkbox"/> Glucagon <input type="checkbox"/> Haloperidol <input type="checkbox"/> Hydroxocobalamin <input type="checkbox"/> Ipratropium	<input type="checkbox"/> Ketamine <input type="checkbox"/> Levophed <input type="checkbox"/> Lidocaine <input type="checkbox"/> Magnesium Sulfate <input type="checkbox"/> Metered Dose Inhaler <input type="checkbox"/> Methylprednisolone <input type="checkbox"/> Metoprolol <input type="checkbox"/> Midazolam <input type="checkbox"/> Morphine	<input type="checkbox"/> Naloxone <input type="checkbox"/> Nitroglycerin <input type="checkbox"/> Nitroglycerin, Assisted <input type="checkbox"/> Normal saline <input type="checkbox"/> Ondansetron <input type="checkbox"/> Oral Glucose <input type="checkbox"/> Sodium Bicarbonate <input type="checkbox"/> Tranexamic Acid		

	EMR	EMT	AEMT/INT	PM	Initial
<b>Section 7-8 – References &amp; Drug Formulary Supplement</b>					
<input type="checkbox"/> Abbreviations and Symbols <input type="checkbox"/> Deceased Patient Guidelines <input type="checkbox"/> Drug by Weight Chart <input type="checkbox"/> Glasgow Coma Scale <input type="checkbox"/> IV Infusion Chart	<input type="checkbox"/> Pediatric References <input type="checkbox"/> Telephone Numbers <input type="checkbox"/> Triage (START & JumpSTART) <input type="checkbox"/> Medication Administration <input type="checkbox"/> Drug Formulary Supplement				

Section Comments

## Psychomotor Skills and Procedures

The provider is responsible to demonstrate competency on all psychomotor skills and procedures for the level of practice.

**Instructions:** The preceptor shall observe the provider demonstrate each of the following skills or procedures. Date/Initial each item following demonstration of competence. Provide comments as necessary.

	Record date completed under applicable column.					Preceptor
	EMR	EMT	AEMT	INT	PM	Initial
<b>Airway Management</b>						
Airway adjuncts (oropharyngeal, nasopharyngeal)						
Bag-valve-mask ventilation (adult, child, infant)						
Continuous Positive Airway Pressure (CPAP)						
Cricothyrotomy, Surgical						
Endotracheal Tube Introducer						
Gastric Decompression						
Intubation, Orotacheal (Standard Laryngoscopy)						
Intubation, Orotacheal (Video Laryngoscopy)						
Oxygen therapy (nasal cannula, NRB, etc.)						
Suctioning techniques (BLS)						
Suctioning techniques (tracheobronchial)						
Supraglottic airways (King LT)						
Tracheostomy obstruction						
<b>Cardiac Arrest Management</b>						
CCR vs. CPR scenarios/procedures						
Chest compression technique						
Defibrillator operation (Zoll X Series, Zoll AED)						
Zoll Auto-Pulse Chest Compression System						
<b>Diagnostic/Patient Monitoring</b>						
12-Lead ECG acquisition and transmission						
12-Lead ECG interpretation						
CO <sub>2</sub> Detection (capnography/waveform interpretation)						
CO <sub>2</sub> Detection (capnometry/numeric interpretation)						
CO <sub>2</sub> Detection (colorimetric)						
Glucometry						
NIBP monitoring						
Pulse oximetry						
Thermometer/temperature						
Vital signs						

	Record date completed under applicable column.					Preceptor Initial
	EMR	EMT	AEMT	INT	PM	
<b>Trauma</b>						
Hemorrhage control, general						
Hemorrhage control, hemostatic gauze						
Hemorrhage control, tourniquets						
Spinal Immobilization, pediatric patient						
Spinal Immobilization, seated patient						
Spinal Immobilization, supine patient						
Splinting, extremity (manual)						
Splinting, extremity (traction)						
Splinting, pelvis/hip						
Thoracentesis, Needle						
<b>Venous Access &amp; Medication Administration</b>						
Drug kit exchange procedures		*				
Medication administration, intranasal						
Medication administration, intravenous						
Medication administration, oral & buccal						
Medication administration, ODT						
Medication administration, Certadose injection						
Medication administration, IM injection						
Medication administration, SC injection						
Medication administration, small volume nebulizer						
Medication administration, sublingual						
Medication administration, topical						
Venous access, external jugular						
Venous access, EZ-IO						
Venous access, IV						
<b>Ambulance Operations &amp; Patient Handling</b>						
Principles of Stretcher Operations						
Ambulance stretchers and loading systems						
Lifting techniques/body mechanics						
Portable stretchers (i.e. Reeves stretcher)						
Stair chair						
Use of Lights and Sirens						

	Record date completed under applicable column.					Preceptor Initial
	EMR	EMT	AEMT	INT	PM	
<b>Radio Communications</b>						
Emergency Communication Centers						
Patient reports to the hospital		*				
Requesting ALS or other resources						
Providing ALS assistance to other unit						
<b>Miscellaneous</b>						
Mandated reporting, child abuse/neglect						
Mandated reporting, geriatric abuse/neglect						
<b>Patient Care Reports</b>						
ImageTrend access and procedures						
Patient Care Reports						
DCHARTE narrative method						
Patient refusals						
Continuous Quality Improvement process						
<b>Emergency Department Orientation/Procedures</b>						
Augusta Health		*				
Lynchburg General Hospital		*				
Martha Jefferson Hospital		*				
University of Virginia		*				

\* Not required for personnel recognized as non-transport EMTs.

Section Comments

## Skill Tracking Record

The EMS provider is required to successfully perform the recommended number of skills outlined on page 1 of the release packet. ***These skills are to be performed on live patients during an actual EMS incident.*** Thorough documentation required (e.g. NPA 34 Fr, Benadryl 50 mg IM, IV KVO 18g left AC). Record skills performed in excess of minimum requirements.

***Instructions:*** The preceptor shall directly observe the provider perform each skill. Sign for each item following performance.

**BLS SKILLS:** Skills eligible for credit are listed in the next section.

	Date	Skill Documentation	Preceptor Signature
1			
2			
3			
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24			
25			

**ALS SKILLS:** Skills eligible for credit are listed in the next section. *[ALS providers only]*

Date	Skill Documentation	Preceptor Signature
1		
2		
3		
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12		
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14		
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## Call Log

Log all incidents on this form. The provider should function as a team leader on the number of incidents recommended on page 1. At all times during the release period, the provider shall serve as a third provider on an ambulance working under the direct supervision of an approved preceptor. The provider should be responsible for overall scene management, direction of available resources, oversight and administration of patient care, radio report and patient care documentation in ImageTrend.

**Instructions:** The preceptor shall supervise the provider acting as a team leader. The preceptor shall be ultimately responsible for delivery of appropriate patient care and shall intervene as appropriate. The preceptor is responsible to reconcile the call log by initialing each entry. At the conclusion of each shift, the preceptor shall complete an **EMS Shift Evaluation Form** on the Wintergreen website. Record all incidents during the release period, including those in excess of the minimum requirements.

Date	Incident#	Unit#	Chief Complaint	Disposition	Comments	Initial
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	

Date	Incident#	Unit#	Chief Complaint	Disposition	Comments	Initial
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	
				<input type="checkbox"/> Transport → _____ <input type="checkbox"/> Refusal <input type="checkbox"/> Standby/No Patient	<input type="checkbox"/> Team Leader	

Driver/Operator Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

**AMBULANCE**

- 1. Visual inspection of apparatus (walk around)  
Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
- 2. Adjust seat and mirrors  
Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
- 3. Fastens seat belt and requires all riders to fasten seat belt(s)  
Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
- 4. Checks to ensure all riders are seated and ready for movement  
Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
- 5. Demonstrates proper engine starting procedure  
Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
- 6. Drivers hands in proper position for apparatus handling  
Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
- 7. Checks radio for proper operational channel and check switches for activation of proper emergency warning signals  
Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
- 8. Demonstrates proper movement of apparatus (smooth take-off, looks both ways at intersections, etc.)  
Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
- 9. Demonstrates smooth braking and proper stopping  
Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
- 10. Demonstrates proper backing techniques (using mirrors and spotter when needed)  
Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
- 11. Observes traffic regulations and public safety  
Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
- 12. Demonstrates proper knowledge of equipment and location carried on ASSIGNED AMBULANCE  
Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
- 13. Demonstrates proper procedure for securing apparatus (proper shutdown procedures, wheel chocks, putting apparatus in service after emergency call)  
Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Documentation of the eight (8) driving hours.<sup>1</sup>

Number of hours \_\_\_\_\_ Date \_\_\_\_\_ Instructor/Witness \_\_\_\_\_

Number of hours \_\_\_\_\_ Date \_\_\_\_\_ Instructor/Witness \_\_\_\_\_

Number of hours \_\_\_\_\_ Date \_\_\_\_\_ Instructor/Witness \_\_\_\_\_

Number of hours \_\_\_\_\_ Date \_\_\_\_\_ Instructor/Witness \_\_\_\_\_

Number of hours \_\_\_\_\_ Date \_\_\_\_\_ Instructor/Witness \_\_\_\_\_

Number of hours \_\_\_\_\_ Date \_\_\_\_\_ Instructor/Witness \_\_\_\_\_

Number of hours \_\_\_\_\_ Date \_\_\_\_\_ Instructor/Witness \_\_\_\_\_

Number of hours \_\_\_\_\_ Date \_\_\_\_\_ Instructor/Witness \_\_\_\_\_

**Ambulance Required Certification Verification:**

Emergency Vehicle Operators Course EVOC II    YES \_\_\_\_\_    NO \_\_\_\_\_    Initials \_\_\_\_\_

Emergency Medical Technician                      YES \_\_\_\_\_    NO \_\_\_\_\_    Initials \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Restrictions to Driving:**

\_\_\_\_\_

\_\_\_\_\_

Captain verification: Initials \_\_\_\_\_



# Authorization to Practice Form

## Emergency Medical Services Provider

2390 Wintergreen Drive, Roseland, Virginia  
434-325-8534 | wtgfireresq.org

Provider Name (Last, First):		EMS Certification #:
Shift Assignment:	Total Hours Completed:	Total Team Leader Runs Logged:
<b>EMS Provider Release Level</b>	<input type="checkbox"/> EMR <input type="checkbox"/> EMT/NT <input type="checkbox"/> EMT <input type="checkbox"/> Advanced EMT <input type="checkbox"/> Intermediate <input type="checkbox"/> Paramedic	

EMT/NT = EMT/Non-Transport

**Preceptor/Supervisor Endorsement:** Completed by the primary preceptor assigned as the lead preceptor responsible for mentoring the EMS provider during the EMS Provider Release Program. By endorsing the EMS provider, the preceptor attests that the EMS provider has satisfactorily completed the release program and is qualified to function as an attendant-in-charge at the selected level.

Preceptor Name (Last, First):	Preceptor Signature	Date
Comments:		

\*\*\*\*\* FORWARD TO TRAINING CAPTAIN \*\*\*\*\*

EMS Captain Name (Last, First):	Approved: EMS Captain Signature	Date
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\*\*\*\*\* FORWARD TO OMD \*\*\*\*\*

**Operational Medical Director Authorization to Practice:** In accordance with Virginia EMS Regulation 12VAC5-31-1040, I authorize the above named EMS provider to practice at the indicated certification level.

OMD Name (Last, First):	Authorization to Practice OMD Signature	Date
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Comments

\*\*\*\*\* FORM REQUIRED TO BE PLACED IN PERSONNEL FILE \*\*\*\*\*