



## Coversheet to Begin ALS Collection Process

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

Level wish to begin collecting: EMT-E EMT-I EMT-P

Crew currently running on: \_\_\_\_\_

Planned Preceptor: \_\_\_\_\_

Email address: \_\_\_\_\_

Attended Class within TJEMS area:

Attach copy of card to this form verifying certification at that level and then may begin collecting.

Did NOT Attend TJEMS area class:

Where attend/who taught class: \_\_\_\_\_

Attach copy of card to this form verifying certification and place in Training Officers mailbox. *May not begin collecting until approved by CRAT/OMD.* Email training officer to expedite this process.