



CHARLOTTESVILLE-ALBEMARLE
RESCUE SQUAD



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.**