



Coversheet for Release

To be turned into the CRAT committee with paperwork

() – indicates the minimum number required for release unless approved by CRAT

Name of Candidate: _____

Approved Preceptor: _____

Candidates Email: _____ Crew _____

*this is how you will be notified of results, if no email please provide telephone number.

Follow down to level at which you wish to be released: _____

EMT-B Checklist

- | | |
|---|--|
| <input type="checkbox"/> Completed Map Training Program/Quiz | <input type="checkbox"/> Number of Backboard Calls _____ (5) |
| <input type="checkbox"/> Completed Radio Operations Program/Quiz | <input type="checkbox"/> Number of ALS calls _____ (5) |
| <input type="checkbox"/> Completed Elderly Abuse/Neglect Program/and Acknowledgment | <input type="checkbox"/> Number of Refusals (1) |
| <input type="checkbox"/> Have an Approved Preceptor | <input type="checkbox"/> Evaluations for all calls (if you BEGIN collecting after 3/1/07) |
| <input type="checkbox"/> Have Collected for 2 Months or more | <input type="checkbox"/> Primary Preceptor's Letter of Recommendation |
| <input type="checkbox"/> Number of BLS calls _____ (10) | |

ATTACH Map Quiz, Radio Quiz, and Elderly Abuse/Neglect Acknowledgment, and recommendation letter to this form.

EMT-E Checklist (***) - indicates points that may be collected during field internship)

- | | |
|---|---|
| <input type="checkbox"/> Have an Approved Preceptor | <input type="checkbox"/> Medication Points _____ (15) *** |
| <input type="checkbox"/> Scene Management Points _____ (25) | <input type="checkbox"/> Each Call Collected has been Evaluated |
| <input type="checkbox"/> Patient Assessment Points _____ (25) | <input type="checkbox"/> Have Collected for 2 Months or more |
| <input type="checkbox"/> Airway Points _____ (9) *** | <input type="checkbox"/> Primary Preceptor's Letter of Recommendation |
| <input type="checkbox"/> Circulation Points _____ (15) *** | |

EMT-CT/I/P Checklist (***) - indicates points that may be collected during field internship)

- | | |
|---|---|
| <input type="checkbox"/> Have an Approved Preceptor | <input type="checkbox"/> Medication Points _____ (10) *** |
| <input type="checkbox"/> Scene Management Points _____ (25) | <input type="checkbox"/> EKG Interpretation Points _____ (25) *** |
| <input type="checkbox"/> Patient Assessment Points _____ (25) | <input type="checkbox"/> Each Call Collected has been Evaluated |
| <input type="checkbox"/> Airway Points _____ (16) *** | <input type="checkbox"/> Have Collected for 4 Months or more |
| <input type="checkbox"/> Circulation Points _____ (10) *** | <input type="checkbox"/> Primary Preceptor's Letter of Recommendation |

I have evaluated and agree that the above information is correct.

Primary Preceptor's Signature _____