ALS Technician Release Form

Technician_____

Level of Local Authorization to be released at (please circle):

Enhanced I/Paramedic

Mentor _____ (Print Name)

I have discussed the progress of this technician with their Chief and Preceptors and I (please circle) Recommend / Do Not Recommend his/her release.

_____ _____
Signature Date

Chief _____ (Print Name)

I (please circle) Recommend Do Not Recommend

his/her release.

_____ _____
Signature Date

ALS Technician Review Committee

After review of this technician's paperwork, we (please circle):

Recommend / Do Not Recommend his/her release to the ALS Committee.

_____ _____
Signature Date

ALS Committee

Upon recommendation from the ALS Review Committee, we: (Please circle)

Recommend Do Not Recommend

the release of the above named technician to the Operational Medical Director.

_____ _____
ALS Committee Chair Signature Date

Operational Medical Director

This technician's release is: (please circle) : Approved Not Approved

_____ _____
Signature Date

CAD Memo issued upon release.

_____ _____
Signature Date