

CAROLINE COUNTY FIRE RESCUE
Experienced ALS Provider Release

Name _____ Station _____

 Recommending Preceptor

Title	Name	Signature	Date
Certification and Skills Validation			
Total Points Earned _____	_____	Accident Reporting _____	_____
Map Testing _____	_____	ACLS Certification is _____	_____
PALS Certification is _____	_____	Current _____	_____
Current _____	_____	PHTLS Certification is _____	_____
ALS Certification is _____	_____	Current _____	_____
Current _____	_____	CPR Certification is _____	_____
_____	_____	Current _____	_____

District/Battalion Supervisors Approval for release:			
_____	_____	_____	_____
Title	Name	Signature	Date

Training and Compliance Validation			
_____	_____	_____	_____
Title	Name	Signature	Date

Entered Into Rescue Bridge:	
Date _____	Initials _____
Placed In Training File:	
Date _____	Initials _____