



BALTIMORE COUNTY FIRE DEPARTMENT FIRE-RESCUE ACADEMY

1545 Sparrows Point Boulevard
Sparrows Point, Maryland 21219

Advanced Life Support Competency Verification Form

To help facilitate the approval process, each applicant will be required to have each of the individuals listed on this document provide a letter requesting clearance. Along with a letter to the Fire-Rescue Academy, the applicant must obtain a signature from each of these individuals on this document. This document will be the tracking form and ultimately a verification form of the student’s competencies.

Advanced Life Support Preceptor: **Date:** _____

Name: _____ Signature: _____

Station/Shift: _____ Contact Number: _____

Do you believe this individual is ready to function independently as an ALS provider in Baltimore County? Why? Yes No

Additional Comments:

Senior EMS Officer or Career Station Captain: **Date:** _____

Name: _____ Signature: _____

Station/Shift: _____ Contact Number: _____

Do you believe this individual is ready to function independently as an ALS provider in Baltimore County? Why? Yes No

Additional Comments:

Emergency Medical Services District Officer: Date: _____

Name: _____ Signature: _____

Station/Shift: _____ Contact Number: _____

Do you believe this individual is ready to function independently as an ALS provider in Baltimore County? Why? Yes No

Additional Comments:

Advanced Life Support Instructor – Fire Academy: Date: _____

Name: _____ Signature: _____

Station/Shift: _____ Contact Number: _____

Do you believe this individual is ready to function independently as an ALS provider in Baltimore County? Why? Yes No

Additional Comments:

CLEARANCE INFORMATION

Student completed course requirements. Date: _____ Signature: _____

Student requires an additional _____ hours. Date: _____ Signature: _____

Student requires remedial training. Date: _____ Signature: _____

Student cleared to function. Date: _____ Signature: _____