



EMS COUNCIL INC.

RAPPAHANNOCK EMS COUNCIL  
435 Hunter Street, Fredericksburg, VA 22401  
540-373-0249; Toll Free: 877-892-9465; FAX: 540-373-0536

## TRAINING COURSE APPLICATION

Training Course Title: **ALS Preceptor Course**

Name: *(please print legibly)* \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Date CPR Expires: *(attach copy of card)* \_\_\_\_\_

Date ACLS Expires: *(attach copy of card)* \_\_\_\_\_

Date PALS Expires: *(attach copy of card)* \_\_\_\_\_

Certification Level: *(attach copy of card)* ( circle one)    EMT-I    EMT-P

Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date Released in the REMS Region: \_\_\_\_\_

This is to certify that I meet all requirements of the Rappahannock EMS Council, Inc. and the VA Office of Emergency Medical Services, which are necessary to enroll in this course.

Student Signature: \_\_\_\_\_

### Regional Statistical Data Required for Funding

County of Residence: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Agency Affiliation *(if applicable)*: \_\_\_\_\_

### PLEASE INDICATE WHICH CLASS YOU ARE REGISTERING FOR

_____	<b>Tuesday, July 22<sup>nd</sup>, 2008: 0800-1200</b>	Spotsylvania Marshall Center, Classroom A 8800 Courthouse Rd, Spotsylvania VA 22553
_____	<b>Tuesday, July 22<sup>nd</sup>, 2008: 1900-2200</b>	Warrenton EMS Station 1 200 Hospital Drive, Warrenton, VA 20188
_____	<b>Thursday, July 24<sup>th</sup>, 2008: 1300-1600</b>	REMS Training & Simulation Center, Classroom B 435 Hunter Street, Fredericksburg, VA 22401
_____	<b>Monday, July 28<sup>th</sup>, 2008: 1900-2200</b>	REMS Training & Simulation Center, Classroom B 435 Hunter Street, Fredericksburg, VA 22401
_____	<b>Thursday, July 31<sup>st</sup>, 2008: 1830-2230</b>	Spotsylvania Marshall Center, Classroom A, 8800 Courthouse Rd, Spotsylvania VA 22553
_____	<b>Thursday, July 31<sup>st</sup>, 2008: 1800-2200</b>	Caroline County EOC 17202 Richmond Turnpike, Bowling Green, VA 22427
_____	<b>Saturday, August 9<sup>th</sup>, 2008: 0900-1200</b>	Stafford Public Safety Center 1225 Courthouse Road, Stafford, VA 22554

\*\*\*Submit this registration form, along with copies of all applicable certifications, and letter of approval from the Chief/Director or designee from the agency in which you will be precepting.\*\*\*

