



EMT-P PRE-ACCREDITATION FIELD EVALUATION

5 CALL EVALUATOR SUMMARY FORM

(to be completed by the FTO/Evaluator)

Candidate Name

Date

FTO/Evaluator Signature

FTO/Evaluator Name

*****ALS CONTACTS*****

Contact	General Assessment	Case Number(s)	ALS Skills Performed
1			
2			
3			
4			
5			
Extra			
Extra			

Comments:

Please submit this form to the EMS Clinical Services Manager (following JPA Supervisor review)