

Service Endorsement for Paramedic Field Instructor Applicant

Name of Agency or Department: _____

Name of Chief of Agency or Department: _____

Name of Applicant: _____

Years of paramedic Experience: _____

Years in this Agency or Department: _____

Is the applicant in good standing your department? Yes_____/ No_____

Do you believe the applicant is an excellent paramedic? Yes_____/ No_____

Do you believe the applicant has the personal integrity to be a role model and an objective evaluator of students and precepting paramedics? Yes_____/ No_____

Will you use the applicant in your own service as a mentor, preceptor and paramedic skills evaluator if he/ she is a PFI? Yes_____/ No_____

Please provide any additional information that you feel is important to consider for this candidate applying for the position of paramedic field instructor:

Signature of Chief of Agency or Department: _____

Date: _____