



Washington County EMS Operational Program  
EMS Field Training Coach Application

Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Years at Current Certified Level: \_\_\_\_ EMT \_\_\_\_ CRT \_\_\_\_ Paramedic

When did you receive cleared status at your current level? \_\_\_\_\_

Primary Agency: \_\_\_\_\_

Other affiliated agencies: \_\_\_\_\_

Date of Preceptor Course: \_\_\_\_/\_\_\_\_/\_\_\_\_ Instructor: \_\_\_\_\_  
(will be scheduled by DES)

Highest FTC Level You are Requesting: EMT-B, CRT-I, EMT-P

**Please submit the following with this completed application**

- Resume or CV
- Formal letter on agency letterhead recommending you for granted FTO status
- Proof of current County Wellness Physical

**References** – Provide 3 references that can speak to your abilities as an FTO. Use a separate sheet and include their name, relationship to you and contact information.

***Approvals: I approve the appointment of the above named individual as a Field Training Coach for the Washington County EMS Operational Program.***

**Agency Chief (or designate):** \_\_\_\_\_ **Date** \_\_\_\_\_

**EMSOP Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**-----

Date Approved: \_\_\_\_\_