

## FIELD TRAINING OFFICER (FTO) APPLICATION

**Check One:**  Initial Application  Renewal      **Check One:**  FTO I  FTO II

APPLICANT INFORMATION	
Last Name:	First Name and Middle Initial:
Primary Employer:	County Accreditation Number:
State License Number:	Personal Email:
Home Phone Number:	Work Email:
# of years as an ALS Provider:	# of years as SLO Co Accredited ALS Provider:

SUBMIT THE FOLLOWING WITH THIS APPLICATION
<input type="checkbox"/> Letter of intent, expressing interest in becoming an FTO (initial applicants only).
<input type="checkbox"/> Letter of recommendation in compliance with Policy #343 (initial applicants only).
<input type="checkbox"/> Letter of support and verification of FT field employment status from primary ALS employer (Initial applicants only).
<input type="checkbox"/> Copy of Driver's License or government issued photo ID (initial applicants only).
<input type="checkbox"/> Renewals need proof of completing one internship or accreditation during prior two year cycle.

ATTESTATION OF PARAMEDIC FTO APPLICANT	
<i>I hereby certify that I have reviewed and understand the County of San Luis Obispo EMS Policy #343, Field Training Officer (FTO) Program.</i>	
Signature of Paramedic FTO Applicant:	Date:

*****EMS AGENCY USE ONLY BELOW THIS LINE*****	
<input type="checkbox"/> SLO Co Accreditation Test with 85% or better.	<input type="checkbox"/> Interview Completed
<input type="checkbox"/> Additional Training Completed	<input type="checkbox"/> Note status in Access and update FTO SS
Approved By:	Approval Date: