

**MEMORANDUM**

**TO:** Office of EMS and Trauma

**FROM:**

**DATE:**

**SUBJECT:** Protocol Trainer/Evaluator(s)

The following EMSPs are recommended to serve as trainer/evaluator(s) for protocol and EMS continuing education as authorized by our Service Medical Director. Please attach additional forms if necessary.

Name:

Contact Numbers:

Department:

Personal Cell:

License Number:

Name:

Contact Numbers:

Department:

Personal Cell:

License Number:

Name:

Contact Number:

Department:

Personal Cell:

License Number:

Name:

Contact Numbers:

Department:

Personal Cell:

License Number:

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Service Director Name

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Service Medical Director Name

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Service Director Signature

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Service Medical Director Signature