

**Request to Enter ALS Precepting Status  
Lord Fairfax EMS Council**

**By submitting a Request for ALS Provider Authorization, I agree to:**

- 1. Attend a Lord Fairfax EMS Council Protocol Review Session. This session will be conducted by an ALS Coordinator or I may attend a Protocol Review Session being conducted as part of a current Lord Fairfax EMS Council ALS certification course.**
- 2. Complete the required Preceptor Program administered through the Lord Fairfax EMS Council within the approved time frame.**
- 3. Abide by all policies, procedures, rules, regulations, and directives established by the Commonwealth of Virginia Office of Emergency Medical Services and the Lord Fairfax EMS Council, Inc.**
- 4. Keep my continuing education and skills current as required by the Commonwealth of Virginia Office of Emergency Medical Services and the Lord Fairfax EMS Council, Inc.**

**I understand that this application is subject to verification and review by the Lord Fairfax EMS Council, Inc. and its various committees. I also understand that I may not practice at the ALS Level until I have attended a protocol review session and have been approved by the local Operational Medical Director.**

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Agency Officer \_\_\_\_\_

Date \_\_\_\_\_

OMD Signature \_\_\_\_\_

Date \_\_\_\_\_