GMVEMSC PROTOCOL – RECOMMENDATION FORM

Department Name _____
Address:_____
Phone Number:_____

Name & Certification Number	CBT Proctor	Skills Evaluator	Administrator	Training Session Date
Example: John Doe *123456*	*X*	*X*		*January 1st, 2016*

IMPORTANT NOTE: Individuals must have this Recommendation Form signed, but <u>must ALSO REGISTER ONLINE to take the relevant (CBT or Skills Evaluator) training.</u>
Recommendation by Department Medical Director and Department Chief for Testing Proctor, Skills Evaluator and/or Administrator Candidate(s):
I recommend the listed Department Members to attend a Proctor training session for our department with the understanding that they will comply with all the requirements as listed in the Implementation Guide for their assigned role.

_____ _____
Department Medical Director Signature Date

_____ _____
Department Chief Signature Date

This form to be emailed to John Russell (JRussell@hhoh.org) or turned in at the Skills Evaluator Training Session you attend.