



VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INC.

Educating Virginia's EMS providers since 1935

INSTRUCTOR CLEARANCE FORM

Instructor Candidate: _____

Monitoring Instructor: _____

Course Name: _____

Course Number: _____

Please check one:

☐

The candidate successfully completed the monitoring process, and needs no further monitoring.

☐

The candidate did not successfully complete the monitoring process, and requires further monitoring.

Instructor Candidate Signature: _____

Date: _____

Monitoring Instructor Signature: _____

Date: _____

OFFICE USE ONLY:

Training Officer Signature: _____

Date: _____