



APPLICATION FOR BTS/BAP EVALUATOR

A. PERSONAL INFORMATION (To be completed by applicant)

1. SURNAME	2. GIVEN NAMES	3. I.D. NUMBER
4. HOME ADDRESS		5. CITY/TOWN
6. PROVINCE/POSTAL CODE	7. AREA CODE & TELEPHONE NUMBER HOME BUSINESS	
8. PROVINCIAL INSTRUCTOR NUMBER (if applicable)		
9. SIGNATURE OF APPLICANT I WILL UNDERTAKE TO INSTRUCT/EVALUATE IN ACCORDANCE WITH THE POLICIES SET OUT IN THE ST. JOHN AMBULANCE BRIGADE REGULATIONS, STANDARDS AND DOCTRINES. APPLICANT'S SIGNATURE DATE		

B. CERTIFICATION/RECERTIFICATION REQUESTED

1. THIS APPLICATION IS FOR <input type="checkbox"/> INITIAL CERTIFICATION <input type="checkbox"/> RECTIFICATION	2. <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3 EFFECTIVE DATE
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C. RECOMMENDATION FOR CERTIFICATION/RECERTIFICATION

THE ABOVE INFORMATION HAS BEEN VERIFIED AND THE APPLICANT: <input type="checkbox"/> 1. MEETS ALL THE REQUIREMENTS <input type="checkbox"/> 2. IS RECOMMENDED		
BAP COURSE NUMBER	SUPERVISING EVALUATOR	DATE
BRIGADE UNIT	AREA TRAINING OFFICER	DATE
	PROVINCIAL TRAINING OFFICER	DATE
POCKET CARD ISSUED BY PROVINCIAL TRAINING OFFICER		DATE