



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 |
|--|--|

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 |