

Advanced Faller Qualified (FAL1 Qualified)

Name: _____ Home Agency: _____

Requesting review by the Qualification Committee on: _____
(DATE)

SUBMIT THE FOLLOWING DOCUMENTATION:

Training Certificates:

- CPR/ First Aid (current) OR EMT Basic or Medic issued by the
 Blood Borne Pathogens (current) AZ Department of Health (current)

Position Task Book: Completion and Certification of the FAL1 Task Book

- FAL1 Cover Sheet
 Final Evaluator/Agency Certification Page (both signatures required)
 Minimum of 3 task book evaluations (submit all evaluations if more than 3)
 Task Book evaluations are signed by at least 2 different evaluators

(All evaluators including the final evaluator must be qualified in the position they are evaluating)

- Upload the required documents in IQS or send by email to: AzRedCards@dffm.az.gov

Send an email to AzRedCards@dffm.az.gov to have your name added to the agenda for the State Committee Meeting. The deadline is posted in the Local News section on the IQSweb login page. Attach your documents in IQS or email them with your request.