Intermediate Faller Qualified (FAL2 Qualified)

Name:	Home Agency:	
Requesting review by the Qualification	on Committee on:	DATE)
SUBMIT THE FOLLOWING DOCUMENTATION:		
Training Certificates:		
☐ CPR/ First Aid (current)☐ Blood Borne Pathogens (current)	OR	•
Position Task Book: Completion and Certification of the FAL2 Task Book		
 ☐ FAL2 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: <u>AzRedCards</u>	s@dffm.az.gov