



University of Rochester
River Campus Medical Emergency Response Team
Training Division

Fast Track Recommendation Form

Applicant Name: _____ Date: _____

The River Campus Medical Emergency Response Team (R/C MERT) is a New York State certified Quick Response Basic Life Support provider to the University of Rochester in Rochester, NY. To provide adequate patient care to the University community, cleared Crew Chiefs, run the nightly shifts and provide day coverage via Minitor pager.

Crew Chiefs, EMTs or higher who provide primary patient care, must successfully complete a rigorous training program that includes practical classroom scenario training, lectures, and field experience. To become a cleared Crew Chief, a trainee must obtain 10 positive evaluations with an indication from the Field Training Officer (FTO) that the trainee is ready to clear. By indicating that the trainee is ready to clear, the trainee demonstrated skills that provided adequate patient care in a professional manner independent of FTO guidance. Additionally, 5 of the 10 calls must result in a patient transport via ambulance.

Trainees with previous field experience from other EMS agencies may opt to apply to enter the Fast Track training program. The Fast Track program is similar to the training program offered to all trainee applicants except for a reduction in call requirements. Instead, Fast Track trainees need only 5 evaluations from FTOs indicating a "ready to clear" status that also result in patient transport.

By signing below, you certify that the applicant has successfully completed a training program that is equivalent in manner to the one just described. Additionally, you confirm that the applicant has responded to at least 10 calls in which he or she has been the sole primary care provider or supervised patient care. Moreover, the applicant has shown independence, leadership, professionalism, and knowledge as an EMT in the field. Your signature also qualifies as your recommendation that the applicant be considered for the Fast Track program.

Name: _____

Position/title: _____
(must be Director of Training or Training coordinator equivalent)

Signature: _____

Date: _____

Please attach a letter of recommendation