



University of Rochester
River Campus Medical Emergency Response Team
Training Division

Status Change Request

Name: _____ Date: _____

Current Status: _____ Trainee _____ Crew Chief _____ Field Training Officer

Status Requested: _____ Crew Chief _____ FTO _____ Preceptor

Please explain your request for status change

Signature: _____

Training Department Use only

	Date	Signature
Paperwork Complete		
Has all required evaluations		
Passed all necessary exams		
Candidate Presented to Eboard		
Request Change Granted Yes No		