



**FAUQUIER COUNTY FIRE, RESCUE & EMERGENCY  
MANAGEMENT**

TRAINING AND LOGISTICS DIVISION  
210 HOSPITAL DRIVE, SUITE 100  
WARRENTON, VA 20186  
(540) 422-8811



**FAUQUIER COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
PERMISSION TO PRACTICE AGREEMENT**

I, \_\_\_\_\_ agree to the terms and conditions

as outlined in the Standard Operations Procedure (SOP) entitled “Advanced Life Support Permission To Practice, Narcotics Control”.

Further, I agree that my authorization to practice as an  EMT-Enhanced  EMT-Intermediate  EMT-Paramedic is dependent on the continued approval of my Agency Chief and the Fauquier County Operational Medical Director.

I understand that the practice of Advanced Life Support skills is a highly responsible undertaking that requires a substantial commitment.

I acknowledge by my signature the receipt of the individual Security Box Key Number \_\_\_\_\_ and the receipt and thorough understanding of the above specified SOP entitled “Advanced Life Support Permission To Practice, Narcotics Control”.

\_\_\_\_\_  
EMT-ST/E/C/IP Date \_\_\_\_\_

\_\_\_\_\_  
Operational Medical Director Date \_\_\_\_\_

\_\_\_\_\_  
Company/Agency Chief Date \_\_\_\_\_