

FISDAP Agreement

Emergency Medical Services Program



Life. Changing.

I have read and understand the FISDAP skills tracker and scheduler policy. I understand that I must follow this policy. If I am found to have violated this policy I am willing to accept the disciplinary action as listed in the policy. I also understand that if my shifts are not entered into FISDAP skills tracker in the amount of time as listed by this policy, they will be considered late and my clinical grade will be lowered.

Name: _____

Signature: _____ Date: _____