

**PROTECTIVE SERVICES DEPARTMENT
Emergency Medical Technician Training**

EVALUATOR AGREEMENT

Date: _____

Dear _____ *(Insert Your Name Here)*

Thank you for agreeing to act as an evaluator for the National Registry Exam for Emergency Medical Technicians (EMT's), which is to be held on _____ *(date)*.

We have agreed to pay you \$30.00 per hour for your services.

Sincerely,

Vincent J. Vitale
Associate Dean
Protective Services/EMS

VJV/lh

Evaluator Signature

\$30.00 per hour x _____ (# hours) = _____ (Total Payment)

OK to Pay: _____
Vincent J. Vitale

Req. No. _____ PO No. _____ Date Paid _____