



“Employer Verification of Permission”
(must be filled in completely and if altered then document is void)

I verify that _____ has permission to participate as a State Delegate for the International Association of Flight Paramedics. As a State Delegate, he/she will receive time off to participate in the _____ State EMS Conference and one national conference (i.e. EMS Expo, EMS Today, AMTC, CCMTC etc...) TBD by the IAFP needs during his/her term as an IAFP State Delegate.

Signature of State Delegate

/Date

Company/Institution (if applicable) _____

Business Address _____

Print name of Supervisor _____

Title _____

Business Phone _____

Email Address _____

Fax to: 770-979-6500