

Course Approval Request

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Type of Program: (Check one appropriate box)

- | | | |
|--|--|---|
| <input type="checkbox"/> First Responder / Emergency Medical Responder | <input type="checkbox"/> EMT-Enhanced | <input type="checkbox"/> EMT-E Bridge to Intermediate |
| <input type="checkbox"/> First Responder / EMR Required Topics (9 Hours) | <input type="checkbox"/> Advanced EMT | <input type="checkbox"/> AEMT to Intermediate Bridge |
| <input type="checkbox"/> FR/EMR Required Topics + 9 hrs Cat 2 (18hr program) | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Intermediate to Paramedic Bridge |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Paramedic | <input type="checkbox"/> RN Bridge to Paramedic |
| <input type="checkbox"/> EMT - High School Program | | |
| <input type="checkbox"/> EMT Required Topics (24 Hours) | <input type="checkbox"/> ALS Required Topics (48 Hours) | |
| <input type="checkbox"/> EMT Required Topics + 12 hrs Cat 2 (36hr program) | <input type="checkbox"/> ALS Required Topics + 24 hrs Cat 2 (72 Hours) | |
| <input type="checkbox"/> *BLS CE Program _____ | <input type="checkbox"/> *ALS CE Program _____ | |
| <input type="checkbox"/> *Other: _____ | | |

* Attach course outline listing subject "AREA" and lesson length for custom CE programs not using standard OEMS CE Modules.

Course Coordinator Information

Name: _____ CERT #: _____
Address: _____ City: _____ ST: _____ Zip: _____
Phone #: home: () - - business () - - other () - -
E-mail Address: _____
Name of assisting instructor authorized to receive course information: _____

Program Location

Facility: _____ For information students can call: () - -
Facility Address: _____ (published on the web for OPEN Programs Only)
Bldg/Room: _____
City: _____ ST: _____ Zip: _____ STATE USE ONLY FIPS

Program Information

Maximum Number of Students: _____ Program Length: _____ (hours)
Open / Closed: _____ Total CE Hours Requested: _____ Will this program make use of CE Scanners?
 YES NO
Begin Date: _____ - ____ - ____ End Date: _____ - ____ - ____

Days Course Meets

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Various |

30 days advance notice
of planned course is
required.

EMS Training Funds

Are you requesting EMSTF?

- YES
 NO

If YES, the appropriate, signed, EMSTF
Contract must be attached to this Course
Approval

Time Class Meets: start time: ____ : ____ AM PM end time: ____ : ____ AM PM

Classroom Location: _____

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EMS Forms Request		Which forms and how many?			
Are you requesting forms?	<input type="checkbox"/> YES	<input type="checkbox"/> Enrollment Forms (peach)			
	<input type="checkbox"/> NO*	<input type="checkbox"/> CE Cards	<input type="checkbox"/> 30 cards	<input type="checkbox"/> 50 cards	<input type="checkbox"/> 100 cards
		<input type="checkbox"/> Certification Application (blue)			

* If you select NO, you will not receive a course packet from the Office. Your approved courses will be available to you in the EMS Instructor Portal.

Affirmation and Signatures

In applying to the Department of Health, Office of Emergency Medical Services of the Commonwealth of Virginia for this course on this ____th day of _____, __, we agree to the following:

1. Course Conduction: To conduct this course as specified in Virginia Emergency Medical Services Regulations 12VAC5-31, the EMS Training Program Administration Manual and the criteria specified for the course of instruction.
2. Falsification of Information: If found to have submitted falsified records or to have distorted, forged or misrepresented information to students, EMS Providers or to the Office, the Office reserves the right to immediately suspend, cancel or take other appropriate action that may effect either the course coordinator, physician course director, operational medical director and/or the course of instruction. Notification of any such actions will be made to all enrolled students, course coordinator and the program physician course director or operational medical director.

OMD / PCD Signature: _____

OMD / PCD #: _____

Approved Medical Director's signature is required for all OEMS certification courses and all courses awarding category 1(required) topics.

Course Coordinator Signature: _____

Date: _____ - ____ - ____

THIS ORIGINAL FORM MUST BE MAILED TO OEMS

E-MAIL/FAX SUBMISSIONS ARE NOT ACCEPTABLE

OFFICE OF EMS USE ONLY:

OFFICE OF EMS USE ONLY:

Course #: _____ Topic: _____ Approved: _____ Date: _____