





**TRAINING COURSE COORDINATOR MUST COMPLETE THIS SECTION:**

COURSE #	1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Signature below by the Course Coordinator confirms that this student has been advised of the prerequisites for enrollment in the Course # listed and has provided the Course Coordinator with the required documents which are available for review by the Office of EMS.

Course Coordinator's Signature \_\_\_\_\_

**OFFICE OF EMS USE ONLY**

- Certification / Licensure Exp. Date Verified
- CPR Verified

DATE		YEAR	
MONTH	DAY		
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

- 4 - Reciprocity
- 5 - Equivalency
- 6 - Legal Recognition

Submission Approved  
Approved by: \_\_\_\_\_

**Complete one of the following sections:**

**Section 1 - Course Enrollment**

Mark the applicable space for the Training Course in which you are enrolled:

- EMS First Responder/EMR
- Emergency Medical Technician
- Enhanced / AEMT
- Intermediate
- Paramedic
- RN to Paramedic Bridge Course

**Section 2 - Reciprocity / Challenge**

Mark the applicable space for the Training Level requested through Reciprocity or Challenge (Out of State Certification, National Registry of EMTs or other Recognized Licensure):

- Emergency Medical Technician
- Enhanced / AEMT
- Intermediate
- Paramedic

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**THIS SECTION REQUIRED OF ALL APPLICANTS**

**Student Acknowledgement of Prerequisites for EMS Training Certification:**

**Basic Life Support Program Enrollment (As of the start date of the course):**

- A. **English Language Proficiency** - I am proficient in reading, writing and speaking the English language.
- B. **Minimum Age** - I have reached the minimum age of 16 years of age. If I am less than 18 years of age, I have provided the Course Coordinator with an Office of EMS "Student Permission Form" signed by a parent or guardian verifying their approval of my enrollment in the course.
- C. **Performance Ability** - I have no physical or mental impairment which would render me unable to perform all practical skills required for this level of training.
- D. **Cardio-Pulmonary Resuscitation** - I hold current certification in an approved course in Cardio-Pulmonary Resuscitation (CPR).
- E. **Criminal Convictions and Other Misconduct** - I have not been convicted or found guilty of any felony or misdemeanor crime, offense or regulatory violation nor participated in any other prohibited conduct. This acknowledgement includes all of the prohibitions listed in the Virginia EMS personnel "Standards of Conduct" which have been provided to me by my Course Coordinator.

**Advanced Life Support Program Enrollment - Includes all prerequisites listed for Basic Life Support programs and the following additional requirements (As of the start date of the course):**

- F. **Minimum Age** - I have reached the minimum age of 18 years of age.
- G. **Education Requirement** - I hold, at a minimum, a high school or general equivalency diploma.
- H. **Performance Ability** - I have no physical or mental impairment which would render me unable to perform all additional ALS practical skills required for this level of training.
- I. **Current EMS Certification** - I hold current EMS Certification as an Emergency Medical Technician. If I am enrolling in a "Bridge" course to a higher ALS level, I now either hold the required prerequisite lower ALS Certification or I am eligible to test for the lower ALS certification level and understand that I must certify at that level before being allowed to test for certification for the higher ALS level of this new course.

I hereby affirm my understanding and compliance with the applicable prerequisites listed above, and that the information on this enrollment form is true and correct and I realize that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation of certification.

Applicant's Signature Required \_\_\_\_\_

Date Signed \_\_\_\_\_