 EMS VARIANCE/EXEMPTION APPLICATION FOR PROVIDERS
 VIRGINIA DEPARTMENT OF HEALTH
 OFFICE OF EMERGENCY MEDICAL SERVICES
 (Please print or type all information)

 ☐ VARIANCE  ☐ EXEMPTION

 Date:
 Name of Applicant:  SSN:
 Address:

 Primary Phone:  Secondary Phone:
 Email Address:
 EMS Agency Affiliation (Name and number):
 Section(s) of the applicable Rules & Regulations:

 Reason for the Request, including any extenuating circumstances (be specific):

 Submit written documentation for any matters related to medical situations (including proof of medical
treatment from a physician) or military mobilizations.
 If variance, period of time needed to complete requirements:

 Name of Individual Completing form:  ____________________________
                                    Signature

 OMD Approval:  ____________________________
                          Signature

 Chief Officer:  ____________________________
                          Signature

Health Department Use Only:
 Date Received:  Reviewed By:

EMS 6036 Revised: 06/2011
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(Please print or type all information)

Form Completion Check Sheet

1. Form completed in its entirety and signed: ☐ Yes  ☐ No

2. Signature of EMS agency Operational Medical Director - Required if EMS provider is affiliated with an EMS agency: ☐ Yes  ☐ No

3. Signature of Chief Officer of EMS agency – required if EMS provider is affiliated with an EMS agency: ☐ Yes  ☐ No

4. Supporting documentation (medical documentation, military orders, etc): ☐ Yes  ☐ No

Code of Virginia § 32.1-111.9 Applications for variance or exemptions

(http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-111.9)

IMPORTANT

A. Form must be completed in its entirety, submitted and received by OEMS prior to the expiration of the EMS certification, license or testing eligibility.

B. Failure to complete this form in its entirety will delay the processing of the request.

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