CTS Payment Request Form

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

804-888-9120

Test Site Location: _____

Date of Test: - - (MM-DD-YYYY) **Test Site ID #** _____

Name of CTS Coordinator: _____

Written Only Site ☐ **Number of candidates taking test** _____

Written & Practicals ☐ **Total number of candidates taking practicals** _____ [A] + [B]

[A] Number of candidates taking EMT-Basic Practicals _____

[B] Number of candidates taking FR Practicals _____

Payment Section:

Name of Payee: _____

FIN _____

Address: _____ **Phone:** ( ) -

_____

_____

Certification:

I hereby certify that all the information provided on this form is correct and that I am not receiving payment from any other source for coordinating this Consolidated Test Site.

_____ _____ - -

CTS Coordinator's Signature **CTS Coordinator's Name Printed** **Date of Request** (MM-DD-YYYY)

_____

CTS Examiner or OEMS Rep Signature

OEMS Use Only:					
Level of Candidates	**Number Tested**	**Amount**		**Total**	
Emergency Medical Technician's		$		$	
First Responders		$		$	
Test Site Coordinator Fee		$		$	
Total Consolidated Test Site Cost				$	
Date Processed: / / (MM-DD-YYYY)					
Approved By:					