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

☑ VARIANCE ☐ EXEMPTION

Date:

Name of Agency: Agency Number:
Address:

Primary Phone: Secondary Phone:
Email Address:

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 Authorized Agent Completing form:

______________________________
Signature

Health Department Use Only:
Date Received: Reviewed By:

EMS 6037 Revised: 06/2011
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Form Completion Check Sheet

1. Form completed in its entirety and signed: □ Yes  □ No
2. Supporting documentation for request: □ Yes  □ No
3. Approval from local governing body or from chief administrative officer: □ 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 agency license.

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

Health Department Use Only:
Date Received:__________________  Reviewed By:_____________________

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