

# ALS-Coordinator Application

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

804-888-9120

Initial Application

Re-endorsement

Extend Endorse Area

## PROVIDER INFORMATION:

Certification Number: \_\_\_\_\_ Level: \_\_\_\_\_ Expiration: \_\_\_\_\_ , \_\_\_\_\_

Name

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address

\_\_\_\_\_ Number, Street, Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_ +

E-mail Address

\_\_\_\_\_

## TEACHING AREA:

Area of the state you will be teaching:

\_\_\_\_\_ Select from List

## REGIONAL COUNCIL SIGNATURE:

Signature: \_\_\_\_\_  
Regional Council Executive Director Printed Name Date

## EMS PHYSICIAN SIGNATURE:

Signature: \_\_\_\_\_  
MUST BE OEMS APPROVED OPERATIONAL MEDICAL DIRECTOR, PHYSICIAN COURSE DIRECTOR Date

OMD/PDC Printed Name: \_\_\_\_\_ OMD #: \_\_\_\_\_

Return the application to:

Deborah Akers  
ALS Training Specialist  
Virginia Office of EMS  
1041 Technology Park Drive  
Glen Allen, VA 23059

OEMS Use Only: