

Acknowledgement of Voluntary Inactivation of State EMS Certification

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

804-888-9120

PROVIDER INFORMATION:

Virginia Certification Number: _____ Certification Level: _____

Name

Last Name

First Name

MI

Mailing Address

Number, Street, Apt.

City

State

Zip +4

+

E-mail Address

The person named above has applied to the Virginia Office of EMS for VOLUNTARY INACTIVATION of their Virginia EMS provider certification status at the following level:

- First Responder EMT-Enhanced EMT-Paramedic
 EMT-Basic EMT-Intermediate EMT-Instructor

OPTIONAL INFORMATION: (Completion not required)

1. Is maintenance of current certification at the above level a mandatory requirement for continued membership/employment with this EMS agency? YES NO
2. Is maintenance of current certification at the above level a mandatory requirement for continued service in a specific capacity, position or job classification with this EMS agency? YES NO

PROVIDER ACKNOWLEDGMENT:

Upon receipt of this acknowledgment, the EMS certification indicated above will be recorded as INACTIVE in the Virginia Office of EMS records system. Once placed into INACTIVE status, the provider will no longer be authorized to practice at the indicated INACTIVE level in any capacity which required this certification level under the Virginia Rules & Regulations Governing EMS. However, INACTIVE status does not prohibit participation in continuing education programs nor award of CE credit at the INACTIVE level.

If the level requested to be INACTIVATED is an advanced life support or instructor level, the individual will revert to EMT-Basic certification status as their highest authorized level of practice. Such EMT-Basic certification shall remain valid for the remainder of the INACTIVE certification period plus two additional years.

Once placed in INACTIVE status, such certification may not be reinstated for a **minimum period of six(6) months** from the effective date issued by the Office of EMS.

Applicant Signature: _____

Date of Request: _____

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AFFILIATION INFORMATION:

(To be completed by each EMS agency's Operational Medical Director - Submit a separate form for each supervising OMD)

Agency 1 _____
Agency 2 _____
Agency 3 _____
Agency 4 _____

1. Is this person currently practicing in a state licensed EMS agency(ies) for which you serve as the Operational Medical Director? YES NO

a. If YES, what certification level is currently practiced:(check one)

First Responder

EMT-Enhanced

EMT-Paramedic

EMT-Basic

EMT-Intermediate

EMT-Instructor

LEGAL/DISCIPLINARY RESTRICTIONS:

1. Is this person's membership/employment currently under investigation, suspension or revocation by this EMS agency: YES NO

If YES, explain:

2. To your agency's knowledge, has this person EVER been convicted of a FELONY: YES NO

a. If YES, did this FELONY involve a crime of a sexual nature: YES NO

Operational Medical Director Signature:

Signature: _____ Date: _____ OMD #: _____

Phone number to contact above OMD: (_____) _____

Thank you for providing this information - Mail this form directly to the address above -
Do not return to EMS Provider for mailing.

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OFFICE OF EMS USE ONLY

Date received: ____/____/____ Date Reviewed: ____/____/____

Reviewed by: _____

Approved: ____ Denied: _____ Reason for Denial _____

If Approved, effective date of INACTIVE Status: ____/____/____ (Entered into records system)

Entered into system by: _____

IF MULTIPLE OMD FORMS RECEIVED - FILE ALL FORMS TOGETHER