



ENDORSED
ADVANCED LIFE
SUPPORT
COORDINATOR
APPLICATION

109 Governor Street UB-55
Richmond, Virginia 23219
1-800-523-6019 (VA only)
804-864-7600
FAX: 804-864-7580

The person seeking endorsement as an "Endorsed ALS Coordinator" must complete and return this application.

Initial Certification [] Recertification [] Extend Endorse Area []

PLEASE PRINT OR TYPE ALL INFORMATION

Certification Number: _____ Level: _____ Expiration Date: _____

Name: _____
FIRST MI LAST SUF TITLE

Address: _____
P O BOX, STREET, APARTMENT, ETC.

CITY, COUNTY STATE ZIP

E-mail address: _____
PLEASE PRINT CLEARLY

Area of the state you will be teaching: _____
REGIONAL COUNCIL AREA OR COUNTIES OR CITIES

Have the appropriate individuals endorsing your certification as an "Endorsed ALS Coordinator" sign below:

Local EMS Resource: _____
REGIONAL COUNCIL EXECUTIVE DIRECTOR'S SIGNATURE PRINT NAME DATE

Supporting Physician Name: _____ OMD #: _____

PLEASE PRINT: MUST BE OEMS APPROVED OPERATIONAL MEDICAL DIRECTOR OR PHYSICIAN COURSE DIRECTOR

Supporting Physician Signature: _____
MUST BE OEMS APPROVED OPERATIONAL MEDICAL DIRECTOR, PHYSICIAN COURSE DIRECTOR DATE

If you do not have Virginia ALS Certification, please attach a copy of your RN, MD, DO, PA license or certification.

Return the application to:
Tom Nevetral
ALS Training Specialist
Virginia Department of Health
Office of EMS
109 Governor Street UB-55
Richmond, VA 23219

OEMS Use Only: Application Expires:
Table with 2 columns and 5 rows: Candidate, Invitation 1, Invitation 2, Invitation 3, Certificate Printed