



Submit this **completed** original form to:

Virginia Office of Emergency Medical Services  
Division of Regulation and Compliance  
1041 Technology Park Drive  
Glen Allen, Virginia 23059-4500  
1-800-523-6019 (VA Only)  
804-888-9100  
Fax: 804-371-3409

## APPLICATION FOR EMS PHYSICIAN ENDORSEMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please Print*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Virginia Medical License #: \_\_\_\_\_

EMS Council Region: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(Complete a separate form for each applicable EMS council region)*

Home Address: \_\_\_\_\_ Work Address: (Daytime Contact Info) \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Pager # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

***Please complete all lines. Failure to complete the application will delay endorsement processing.***

### QUALIFICATION/REQUIREMENTS

*(Attach the following required documentation with this application)*

\_\_\_\_\_ Unrestricted license to practice medicine or osteopathy issued by the Virginia Board of Medicine.

\_\_\_\_\_ Documentation of Board (or other national organization) certification in Emergency Medicine

\_\_\_\_\_ Documentation of Board certification in family practice, internal medicine or surgery issued by a national organization.

**Successful course completion or current certification in:** (attach the following required documentation)

\_\_\_\_\_ Advanced Cardiac Life Support

\_\_\_\_\_ Advanced Trauma Life Support

\_\_\_\_\_ Pediatric Advanced Life Support

\_\_\_\_\_ Medical Directors Course (Office of EMS approved)

\_\_\_\_\_ Other equivalent courses or training (completed within the last 5 years)

Applying for Endorsement as: \_\_\_\_\_ Both OMD and PCD  
\_\_\_\_\_ Operational Medical Director (OMD = EMS Agency Medical Director)  
\_\_\_\_\_ Physician Course Director (PCD = Training Course Physician)

I have read the Virginia EMS Physician Regulations and understand that by applying for endorsement as an OMD and/or PCD, I am required to comply with them. I also understand that I, as an OMD for an EMS Agency, am responsible for the medical care provided by affiliated technicians providing EMS care under my authority.

\_\_\_\_\_  
Signature Date

*A copy of this application and all required documentation must be submitted to the regional EMS council or local EMS resource for review before the Office of EMS will issue endorsement credentials.*

**Regional EMS Council / Local EMS Resource Use Only**

FIPS Code \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Reviewed: \_\_\_\_\_ By: \_\_\_\_\_  
Date Date Name

Application reviewed by Medical Direction Committee on: \_\_\_\_\_  
Date

Committee Recommendation: Approve: \_\_\_\_\_ Deny: \_\_\_\_\_ Further Review: \_\_\_\_\_

Recommendation entered by: \_\_\_\_\_  
Name Date

Application forwarded to Virginia Office of EMS on: \_\_\_\_\_  
Date

**Virginia Office of EMS use only**

Application received: \_\_\_\_\_  
Date Stamp Here

Application Reviewed: \_\_\_\_\_ By: \_\_\_\_\_  
Date Name e

Meets Endorsement Requirements \_\_\_\_\_ Conditional \_\_\_\_\_ MDC Review \_\_\_\_\_

Application reviewed by Medical Direction Committee: \_\_\_\_\_  
Date

Endorsement: Approved: \_\_\_\_\_ Deny: \_\_\_\_\_ Further Review: \_\_\_\_\_  
State Reason

Conditional Endorsement Pending Medical Director Course Completion: \_\_\_\_\_

Endorsement Entered: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Date Date