

Application Date: _____

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: _____ BIRTH DATE: _____

SOCIAL SECURITY NUMBER: _____ VIRGINIA MEDICAL LICENSE #: _____

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 will delay endorsement processing.

QUALIFICATION / REQUIREMENTS

(Please 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 certification in Family Practice, Internal Medicine or Surgery issued by a National Organization
- Documentation of Board (or other National Organization) certification in Emergency Medicine

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

This application and ALL REQUIRED DOCUMENTATION must be submitted to the Office of EMS prior to OMD Endorsement.

Virginia Office of EMS use only

Application Received _____ Date Stamp Here _____

Application Reviewed Date _____ By _____

Meets Endorsement Requirements Conditional Needs Further Review

CONDITIONAL ENDORSEMENT PENDING OMD COURSE COMPLETION

FULL 5 YEAR ENDORSEMENT: APPROVED _____ DENIED _____