

Application to be Designated as an Webcast Receive Site

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

804-888-9120

Following a review the *Handbook for Webcasting of Continuing Education Programming*, please complete this application with all of the appropriate signatures as indicated below.

Signatures on this page constitute agreement with the requirements as outlined in the *Handbook for Webcasting of Continuing Education Programming*.

After securing the appropriate signatures, return this form to the Office of EMS. We must have original signatures. You should maintain a copy of this application and the *Handbook for Webcasting of Continuing Education Programming* for your records. The Office will notify you of the status of your application within 30 business days of receipt.

FACILITY INFORMATION:

Facility Name

Facility Official Name

Mailing Address

Last Name

First Name

MI

+

Number, Street, Apt.

City

State

Zip +4

E-mail Address

Facility Phone #
(for student contact)

Signature

Date

PROCTOR INFORMATION

SHIFT:

Name

Mailing Address

Last Name

First Name

MI

+

Number, Street, Apt.

City

State

Zip +4

Work Phone #

Home Phone #

E-mail Address

Cell Phone #

Signature

Date

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E-mail Address

Cell Phone #

Signature

Date

BACKUP PROCTOR:

SHIFT:

Name

Last Name First Name MI

Mailing Address

Number, Street, Apt. City State Zip +4

Work Phone #

Home Phone #

E-mail Address

Cell Phone #

Signature

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+
Number, Street, Apt. _____ City _____ State _____ Zip +4 _____

Work Phone # _____ Home Phone # _____

E-mail Address _____ Cell Phone # _____

Signature _____ Date _____

REGIONAL COUNCIL INFORMATION:

Council Name _____

Council Official Name _____

Last Name _____ First Name _____ MI _____

Signature _____ Date _____

For more information about Webcast Sites, please contact Chad Blosser or Tracie Jones at the Virginia Office of Emergency Medical Services.