

**COMMONWEALTH of VIRGINIA
DEPARTMENT of HEALTH
VIRGINIA OFFICE of EMERGENCY MEDICAL SERVICES**

**Emergency Operations Instructor Application
PLEASE PRINT or TYPE**

Name: _____ SSN# _____

EMS Certification: _____ EMS Certification # _____

Mailing Address: _____ e-mail: _____
PO BOX, Street, Apt. #, etc.

_____ home phone: _____

_____ work phone: _____
City, State, Zip

Current agency affiliation: _____

Level of Instructor endorsement requested: _____

**Virginia Office of Emergency Medical Services (OEMS) Emergency Operations
Training Completed:**

Course:	Date:	Location:	Approval (for OEMS Use)
OEMS MCIM I _____			_____
OEMS MCIM II _____			_____
DEM Terrorism Awareness _____			_____
DEM Terrorism Tactical Considerations _____			_____
Vehicle Extrication _____			_____

Other Courses _____

Summary of Instructor Training:

Course/Level	Date:	Agency: (OEMS, VAVRS, DFP, AHA, ARC, etc.)

Supporting Physician: _____
Operational Medical Director, Physician Course Director OMD Number

Applicant Signature: _____ Date: _____

REMEMBER: Attach supporting documentation and proof of certifications.
Return Application to:

Emergency Operations Assistant Manager
Virginia Office of EMS
1041 Technology Park Drive
Glen Allen, Virginia 23059
Fax – 804-371-3108