



Request to Allow Out-of-state EMS Providers Scholarship Access

Agency Name: _____

Date: ____/____/____
MM / DD / YYYY

#	Out-of-State Provider Name <small>PRINT</small>	VA Certification # (if known)	Training Level	Signature <small>SIGN</small>
01	_____	_____	_____	_____
02	_____	_____	_____	_____
03	_____	_____	_____	_____
04	_____	_____	_____	_____
05	_____	_____	_____	_____
06	_____	_____	_____	_____
07	_____	_____	_____	_____
08	_____	_____	_____	_____
09	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____

I hereby certify that the individuals listed above reside outside of the Commonwealth of Virginia, however they are full and active members of this agency and as such I am requesting that these individuals be allowed to access the Virginia EMS Scholarship Program. I further understand that these individuals will be required to authorize our agency to apply for and manage their scholarship award on their behalf. I further certify that all information on this form is accurate and truthful.

Agency SuperUser Printed Name

Agency SuperUser Signature

Date

Virginia Office of Emergency Medical Services

1041 Technology Park Drive

Glen Allen, VA 23059

804-888-9120

<http://www.vdh.virginia.gov/emergency-medical-services/>

EMS.TR.100

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