VIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES
AGENCY CE REPORT APPLICATION

PRINT ALL INFORMATION

AGENCY NAME_____AGENCY NUMBER:_____

Agency CE Reports Requested for Calendar Year: _____ (Indicate only one year per application)
ADDRESS CE REPORTS ARE TO BE MAILED:

_____
ADDRESS HEADING (Agency Name)

_____
MAILING ADDRESS,

_____
CITY, STATE, ZIP CODE

CONTACT:_____PHONE NUMBER: ( ) _____
(Name of Person to whom reports are to be mailed) AREA CODE

AUTHORIZING AGENT: _____DATE: _____
PRINT NAME OF AGENCY'S OFFICIAL RESPRESENTATIVE FOR AGENCY LISTED ABOVE(CHIEF, CAPTAN, ETC)

AUTHORIZING AGENT SIGNATURE: _____

NUMBER OF PROVIDERS AS CONFIRMED BY ATTACHED AGENCY LIST:

Return to: Norma Howard
Office of Emergency Medical Services
109 Governor Street, UB-55
Richmond, VA 23219

Office of EMS use only	Number	Date
Number of Providers per EMS Office		
Payment amount received		

FEE SCHEDULE FOR AGENCY CE REPORTS

# OF PROVIDERS	ANNUAL COST		
0 - 100	$ 16.00	801 - 900	$144.00
101 - 200	$ 32.00	901 - 1000	$160.00
201 - 300	$ 48.00	1001 - 1100	$176.00
301 - 400	$ 64.00	1101 - 1200	$192.00
401 - 500	$ 80.00	1201 - 1300	$208.00
501 - 600	$ 96.00	1301 - 1400	$224.00
601 - 700	$112.00		
701 - 800	$128.00		
# OF PROVIDERS	ANNUAL COST		