

Course Approval Request

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

804-888-9120

Type of Program: (Select the appropriate class from the drop down menu and from only one of the selection groups)

Initial Programs
Choose an item.

CE Programs
Choose an item.

Auxiliary Programs
Choose an item.

*Other: _____

* Attach course outline listing subject "AREA" and lesson length for custom CE programs not using standard OEMS CE Modules.

Course Coordinator Information

Name: _____ CERT #: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone #: home: () - business () - other () -

E-mail Address: _____

Name of assisting instructor authorized to receive course information: _____

Assisting Instructor Cert #: _____

Program Location

*Accredited Site #: _____ *Only if accredited

Facility: _____ For information students can call: () -

Facility Address: _____ (published on the web for OPEN Programs Only)

Classroom Location: _____

City: _____ ST: _____ Zip: _____ STATE USE ONLY FIPS

Program Information

Maximum Number of Students: _____ Program Length: _____ (hours) Will this program make use of CE Scanners?

Open / Closed: _____ Total CE Hours Requested: _____ YES NO

Begin Date: _____ - ____ - ____ End Date: _____ - ____ - ____

Time Class Meets: start time: ____ : ____ AM PM end time: ____ : ____ AM PM

Days Course Meets

- Sunday Thursday
 Monday Friday
 Tuesday Saturday
 Wednesday Various

OFFICE OF EMS USE ONLY:

Course #: _____ Topic: _____ Approved: _____ Date: _____

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EMS Forms Request		Which forms and how many?		
		<input type="checkbox"/> Enrollment Forms (peach)		
Are you requesting forms?		<input type="checkbox"/> CE Cards	<input type="checkbox"/> 30 cards	<input type="checkbox"/> 50 cards
		<input type="checkbox"/> Certification Application (blue)		
<input type="checkbox"/> YES				
<input type="checkbox"/> NO*				

* If you select NO, you will not receive a course packet from the Office. Your approved courses will be available to you in the EMS Instructor Portal.

Affirmation and Signatures

In applying to the Department of Health, Office of Emergency Medical Services of the Commonwealth of Virginia for this course on _____, we agree to the following:

1. **Course Conduction:** To conduct this course as specified in Virginia Emergency Medical Services Regulations 12VAC5-31, the EMS Training Program Administration Manual and the criteria specified for the course of instruction.
2. **Falsification of Information:** If found to have submitted falsified records or to have distorted, forged or misrepresented information to students, EMS Providers or to the Office, the Office reserves the right to immediately suspend, cancel or take other appropriate action that may effect either the course coordinator, physician course director, operational medical director and/or the course of instruction. Notification of any such actions will be made to all enrolled students, course coordinator and the program physician course director or operational medical director.

OMD NAME: _____
Please print

OMD / PCD #: _____

OMD / PCD Signature: _____

Approved Medical Director's signature is required for all OEMS certification courses and all courses awarding Category 1 (NCCR) topics.

Course Coordinator Signature: _____

Date: ____ - ____ - ____

THIS ORIGINAL FORM MUST BE MAILED TO OEMS

E-MAIL/FAX SUBMISSIONS ARE NOT ACCEPTABLE

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