

Directions for Completion of the Virginia EMS Certification Application (Blue Form)

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

804-888-9120

Accurate information is required on this form to ensure proper recognition and scoring.

GENERAL INSTRUCTIONS:

- **USE ONLY A #2 PENCIL TO COMPLETE THIS FORM**
- **DO NOT MAKE ANY STRAY MARKS, BEND OR STAPLE THE FORM**
- PRINT THE REQUESTED INFORMATION AND DARKEN THE CORRESPONDING OVAL FOR THAT LETTER OR NUMBER
- START WITH THE FIRST BLOCK TO THE LEFT OF EACH SECTION
- When you skip spaces between items, darken the BLANK oval at the top of the skipped column.
- You DO NOT need to darken the BLANK ovals to the right of information within a section.
- If your name, address or other information is too long to fit within any section, drop the vowels (a, e, i, o, u,) until it will fit.
- **ERASE CAREFULLY AND COMPLETELY IF YOU MAKE AN ERROR**

SIDE 1 - VIRGINIA EMS CERTIFICATION APPLICATION (printed at top)

EVERYONE using this form must complete ALL ITEMS on SIDE 1 of the form as follows:

NAME: LAST – Required - PRINT each letter of your LAST name in a separate block.

FIRST – Required - PRINT each letter of your FIRST name in a separate block.

M - (Your middle initial) - **Required**, if you have a middle name. PRINT the first letter of your MIDDLE name in the one block provided.

SUFFIX - Optional

Darken in ONLY ONE oval to indicate Jr., Sr., II, III, IV, if applicable.

ADDRESS - Required

PRINT the House number, Street name, PO Box number, Rural Route number, etc. where you wish to receive your certification and other reports mailed by the Office of EMS. (Home address recommended.)

CITY - Required

PRINT the name of the city, town or post office where you receive mail.

ST: State - Required

PRINT the standard 2-letter abbreviation for the state of your mailing address. If you do not have an address in the United States, darken the BLANK ovals at the top of these two columns.

ZIP: Zip Code Number - Required

PRINT the postal service Zip Code for the address listed above.

F.I.P.S. - Required

PRINT the three digit code which identifies your city or county of residence IN VIRGINIA.

(This code number is available from your course coordinator or state testing representative.)

If you do not reside in Virginia this code will always be 124.

SEX - Required

Darken the oval that applies: M = Male or F = Female.

HOME PHONE #: Home Telephone Number - Required

PRINT your area code and home telephone number. If you do not have a home telephone, enter your work number or the number of a relative or friend who can take messages during weekday business hours.

WORK PHONE #: Work Telephone Number - Optional

PRINT the area code and telephone number of your place of employment.

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CERTIFICATION # - Required

PRINT your **Virginia Office of EMS** issued certification number or Social Security number (*If entering SSN please skip the first space which indicates a LETTER prefix.*), if applicable.

DATE OF BIRTH - Required (NOTE: Space requires entry of a 4-Digit Year)

PRINT the Month/Day/Year of your birth.

SIDE 2 -- Use 1 -- TESTING

FOR ALL INDIVIDUALS TAKING A STATE WRITTEN AND/OR PRACTICAL EXAMINATION

The following sections of **SIDE 2** must be completed when using this form to take a certification written or practical examination.

GENERAL INSTRUCTIONS:

FELONY STATEMENT – Required

All users of this form must read, sign and date this section. If you cannot sign this statement in a truthful manner, you are not eligible for state EMS certification. Please contact your course coordinator or the Office of EMS with any questions you have regarding these regulations. Any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation of certification.

AGENCY # - Required

You must complete the AGENCY # field if you have already joined a Virginia EMS agency list that agency's #. If not affiliated, place 00000 in the AGENCY # field.

DO NOT DARKEN ANY OVALS FOR THE ITEMS BELOW UNTIL INSTRUCTED TO DO SO AT A STATE TEST SITE. This information will be provided by the state Office of EMS representative administering the exam.

TEST DATE - Required (NOTE: Space requires entry of a 4-Digit Year)

PRINT the date on which you take your state certification exam.

TEST SITE - Required

PRINT the Test Site location number provided by the state representative.

TEST ID # - Required

PRINT and darken the ovals for the unique Test Identification Number found on the front of **YOUR** written exam booklet. This number identifies the grading key used to score the exam.
(Please notify the state representative, if you are only taking a practical exam at this site.)

YOUR FORM WILL BE COLLECTED AT THE COMPLETION OF THE EXAM

PLEASE RE-CHECK ALL INFORMATION FOR ACCURACY TO AVOID DELAYS IN PROCESSING

BE SURE YOU HAVE DARKENED THE OVALS BELOW THE INFORMATION WRITTEN IN EACH COLUMN FOR THE CORRESPONDING LETTER OR NUMBER

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SIDE 2 -- Use 2 -- TEST WAIVER

FOR INDIVIDUALS GRANTED A WAIVER FROM THE STATE RECERTIFICATION WRITTEN EXAM BY THEIR AGENCY'S OPERATIONAL MEDICAL DIRECTOR.

GENERAL INSTRUCTIONS:

FELONY STATEMENT – Required

All users of this form must read, sign and date this section. If you cannot sign this statement in a truthful manner, you are not eligible for state EMS certification. Please contact your course coordinator or the Office of EMS with any questions you have regarding these regulations. Any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation of certification.

The sections highlighted in PINK on **SIDE 2** should be completed by the Operational Medical Director (OMD) after you have signed and dated the FELONY STATEMENT.

The agency OMD must complete the following sections as follows:

***THESE SECTIONS ARE ALL HIGHLIGHTED IN RED**

(Must be completed by the OMD listed in Office of EMS records for your licensed EMS agency.)

AGENCY OMD# IF TEST WAIVED - Required

Enter the number assigned by the Office of EMS to identify the OMD.
THIS NUMBER MUST MATCH THE RECORDS OF THE VIRGINIA OFFICE OF EMS.

TEST LEVEL WAIVED - Required

Darken the oval corresponding to the training level to be recertified. If all CE completed has not been reported to the Office of EMS, DO NOT submit this form until required CE scan cards have been submitted and CE credit has been awarded.

AGENCY #: EMS Agency Number - Required

Darken the ovals for the Virginia licensed EMS agency number assigned by the Office of EMS. Add zeros (0) to the LEFT of the agency number to fill all five spaces. (Example: Agency 123, PRINT the numbers and darken ovals for 00123.)

{THIS # IS NOT THE SAME AS A FIRE DEPARTMENT FDID #}

THE OMD MUST SIGN, PRINT THEIR NAME AND DATE THE SECTION IN THE TOP/CENTER OF SIDE 2 TO GRANT A WAIVER FROM THE STATE WRITTEN RECERTIFICATION EXAM.

Note: Certification will be issued with an expiration date corresponding to the month this form is received. Submission of this form prior to the month of expiration **WILL RESULT IN LOSS** of time remaining on the current certification at this level.

NOTICE: Recertification exam waivers are granted at the discretion of agency OMD on an individual EMS provider basis. The OMD may require completion of other written or skills testing, and/or fulfillment of other agency specific criteria prior to granting exam waivers. If after contacting the OMD, an exam waiver is not granted, the EMS provider must take the state written recertification exam in order to renew their provider certification. Follow the instructions for **USE 1** to take the state written recertification exam.

PLEASE RE-CHECK ALL INFORMATION FOR ACCURACY TO AVOID DELAYS IN PROCESSING BE SURE YOU HAVE DARKENED THE OVALS BELOW THE INFORMATION WRITTEN IN EACH COLUMN FOR THE CORRESPONDING LETTER OR NUMBER.

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IF THE FORM GETS DAMAGED - COMPLETE ANOTHER FORM IN THE SAME MANNER. INCOMPLETE OR DAMAGED FORMS RECEIVED BY THE OFFICE OF EMS WILL BE RETURNED BY MAIL FOR RESUBMISSION. THIS WILL DELAY PROCESSING OF YOUR CERTIFICATION REQUEST.

SEND THE FORM IN A LARGE 9" BY 12" ENVELOPE. DO NOT STAPLE, FOLD, OR BEND THE FORM IN ANY WAY.

Send the completed and signed form directly to the Virginia Office of EMS at:

**Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, VA 23059**

If you have questions regarding the completion or submission of this form contact your course coordinator, EMS agency training staff or the Virginia Office of EMS; Phone: (804) 888-9120 or (800)523-6019 (VA only).