## **EMD Accreditation Application**

Virginia Office of EMS Division of Emergency Operations 1041 Technology Park Drive Glen Allen, VA 23059

804-888-9120

PSAP/911 Center Name *	Γ	Date:
Mailing Address:	Physical Address:	
Street *	Street	
City *	City	
State *	State	
Zip *	Zip	
Phone No *	Phone No	
PSAP/911 Center Manager Contact Information:		
Name *		
Mailing Address: Street *		
City *		
State *		
Zip *		
Phone No *		
E-Mail *		
Alternate		
Jurisdiction(s) of Responsibility *		
Population Served by PSAP *		

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Average Number of EMS Calls handled by PSAP per year \*

E911 System \*

Emergency Medical Dispatch Protocol used \*

Emergency Medical Dispatch Protocol implementation date \*

Number of Communications Officers Employed Full Time \*

Part Time \*

Number of Communications Officers certified as EMD's \*

Please remit copies of EMD training certifications for all qualified communications officers and a copy of all MOU's to the Virginia Office of Emergency Medical Services for confirmation. Items may be faxed to 804/371-3108. Insure title page is "Attention EMD Accreditation". This information may also be mailed to:

Virginia Office of Emergency Medical Services
1041 Technology Park Dr.
Glen Allen Va. 23059
Attention EMD Accreditation

Note: Applications will not be considered until all documentation has been received by OEMS.

Please feel free to add a comment.

