



ALS Student Signatures

Enclosed are documents containing information about the EMS program you are about to attend. You will be asked to verify that you have reviewed the information with the Course Coordinator, have had your questions answered and understand the information contained herein by signing this cover form **and individual documents enclosed.**

My signature below indicates that the specific section listed below for the Advanced Emergency Medical Technician or Paramedic program has been read to me. Further, my signature indicates that I read the contents of the specific section for the Advanced Emergency Medical Technician or Paramedic program and understand the information contained in that section.

Student Name
(printed)

Part I Introduction

Part II Prerequisites for EMS Training Programs, Criminal History and Standards of Conduct

Signature _____ Date Signed _____ Date of Birth – Minimum 16 YO _____
Signature for this item indicates that I was also provided a duplicate copy of this form.

Part III Class Rules

Signature _____ Date Signed _____

Part IV Expectations for Successful Completion of the Program

Signature _____ Date Signed _____

Part V Course Fees

Signature _____ Date Signed _____

Part VI Americans with Disabilities Act

Signature _____ Date Signed _____

Part VII Course Schedule

Signature _____ Date Signed _____

Virginia Office of Emergency Medical Services

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

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