



# Application to be Designated as an Webcast Receive Site

Following a review the *Handbook for Webcasting of Continuing Education Programming*, please complete this application with all of the appropriate signatures as indicated below.

**Signatures on this page constitute agreement with the requirements as outlined in the *Handbook for Webcasting of Continuing Education Programming*.**

After securing the appropriate signatures, return this form to the Office of EMS. We must have original signatures. You should maintain a copy of this application and the *Handbook for Webcasting of Continuing Education Programming* for your records. The Office will notify you of the status of your application within 30 business days of receipt.

## FACILITY INFORMATION:

Facility Name \_\_\_\_\_

Facility Official Name \_\_\_\_\_

Mailing Address      Last Name      First Name      MI

\_\_\_\_\_  
Number, Street, Apt.      City      State      Zip +4

E-mail Address      Facility Phone #  
(for student contact)

Signature      Date

## PRIMARY PROCTOR INFORMATION:

Name \_\_\_\_\_

Mailing Address      Last Name      First Name      MI

\_\_\_\_\_  
Number, Street, Apt.      City      State      Zip +4

Work Phone #      Home Phone #

E-mail Address      Cell Phone #

Signature      Date

**Virginia Office of Emergency Medical Services**

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

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