

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:

Mailing Address	Last Name	First l	Name	MI +		
	Number, Street, Apt.	City	State	Zip +4		
-mail Address			cility Phone # or student contact)			
Signature	Date					
	TOR INFORMATION:					
	TOR INFORMATION:					
Name	TOR INFORMATION: Last Name	First	Name			
Name	Last Name		Name State	+		
Name Mailing Address		City				
MARY PROC Name Mailing Address Work Phone # E-mail Address	Last Name	City Ho	State	+		

Virginia Office of Emergency Medical Services

1041 Technology Park Drive Glen Allen, VA 23059 804-888-9120

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

EMS.TR.74

Revised: February 2020



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SECONDARY PROCTOR INFORMATION:

Mailing Address	Last Name F		ame	MI	
Walling Address				+	
	Number, Street, Apt.	City	State	Zip +4	
Work Phone #		Hoi	me Phone #		
E-mail Address		Cel	Phone #		
Signature			Date		

For more information about Webcast Sites, please contact Chad Blosser or Tracie Jones at the Virginia Office of Emergency Medical Services

Office of Emergency Medical Services
Accreditation, Certification & Education
1041 Technology Park Drive
Glen Allen, VA 23059
800-523-6019 (toll free)
804-888-9100 (Richmond)

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