

COMMONWEALTH of VIRGINIA
DEPARTMENT of HEALTH
VIRGINIA OFFICE of EMERGENCY MEDICAL SERVICES
Emergency Operations Instructor Application
PLEASE PRINT or TYPE

Name: _____

EMS Certification # _____

Mailing Address: _____ e-mail: _____
PO BOX, Street, Apt. #, etc.

_____ home phone: _____

_____ work phone: _____
City, State, Zip

Current agency affiliation: _____

Level of Instructor endorsement requested: _____

Virginia OEMS Emergency Operations Training Completed:

Course:	Date:	Location:	Approval (for OEMS Use)
OEMS MCIM I _____	_____	_____	_____
OEMS MCIM II _____	_____	_____	_____
Other Course _____	_____	_____	_____

Summary of Instructor Training:

Course/Level	Date:	Agency: <small>(OEMS, VAVRS, DFP, AHA, ARC, etc.)</small>
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Supporting Physician: _____
Operational Medical Director, Physician Course Director OMD Number

Applicant Signature: _____ Date: _____

REMEMBER: Attach supporting documentation and proof of certifications.

Return Application to:

Virginia Office of EMS
Attn: Sam Burnette
1041 Technology Park Drive
Glen Allen, Virginia 23059
Fax – 804-371-3108