

Chad Blosser

From: Chad Blosser
Sent: Thursday, April 18, 2019 4:22 PM
To: 'chad.blosser@vdh.virginia.gov'
Subject: Spring Education Coordinator Update
Attachments: Sample of New EMS Forms.pdf

Dear Education Coordinator,

Good afternoon. I just wanted to provide you with an update on OEMS operations, some changes that have taken place and some things that you can look forward to.

1. OEMS COOP Operations

- a. The Office of EMS is currently operating under our COOP Plan. We have no internet access and many of our fellow staff members do not have access to the core systems and network services needed for daily operations. The phone system and fax machine for the Virginia Office of EMS are also down and will remain down for an undetermined period of time due to ongoing construction activities.
 - i. Should you need to contact Office of EMS staff, Verizon has temporarily redirected our primary phone number 804-888-9100 so that it is still operational. Without network connectivity, it is not possible to transfer phone calls to individual staff members, so our front desk staff will be taking pen & paper messages.
 - ii. The best method of contact with Office of EMS staff during this time is via employee email. If you are unsure of an email address, staff contact information can be found at: <http://www.vdh.virginia.gov/emergency-medical-services/oems-information/contact-ems/office-of-ems-staff-listing/>
- b. **The ACE Division has not been able to scan and/or process any bubble forms since received since April 11, 2019. This means we cannot process CTS test packets, CE scandards and paper Enrollment Forms. We will be processing all paper bubble forms as soon as possible after our network services have been restored.**

2. Education Coordinator Candidates

- a. As of Friday, April 19, 2019, Education Coordinator Candidates are no longer required to take the Virginia Psychomotor exam as a part of their requirements for the EC Candidate process.
- b. The state Training and Certification Committee made a recommendation to the EMS Advisory Board at their February 2019 meeting to eliminate the requirement that Education Coordinator candidates take and pass the Virginia Psychomotor exam. Since that time, OEMS staff have been working with our IT Team to bring this to fruition.
- c. All current Education Coordinator Candidates are being made aware of this change via e-mail.

3. CE Cards (Brown)

- a. There are known printing issues with the brown CE bubble cards that are presently in circulation in the field. These cards were misaligned when printed which prevents them from scanning properly. We have ordered new updated cards and have them in stock. If you use bubble cards, please DISCARD THE ONES YOU HAVE ON HAND. We will supply you with new cards to you.
- b. Rather than utilizing bubble cards however, this is a great opportunity to utilize the CE Scanner Application which is available free to educators in Virginia! CE Scanner training and refreshers are available by contacting me (chad.blosser@vdh.virginia.gov) if you have not already completed this training.
- c. If you need new cards, you may request them by replying to tracie.jones@vdh.virginia.gov. She will mail them out so ensure to provide the contact information for mailing.

4. Enrollment Forms (Red)

- a. When updating the CE cards, we made needed updates to the red Enrollment Forms. While these forms should most only be used for Reciprocity, Legal Recognition and Challenges, some educators use these for course enrollments.
- b. We would strongly encourage initial program educators to use the [Online Course Enrollment](#) process. There is a great Quick Guide available to guide you through this process.
- c. While a rare case, if you need new Enrollment Forms, you may request them by replying to toni.twyman@vdh.virginia.gov. She will mail them out so ensure you provide your contact information to her for mailing purposes.

5. COMING SOON! Certification Forms (Green)

- a. Finally, we completely redesigned the Certification (testing) Form. Now labeled Form C. In the coming weeks, we will be retiring the old blue enrollment form (Form A) and replacing it with the streamlined green form. The new form is single-sided green and purple.
- b. The green section is to be completed by the testing candidate and the purple section is for Office of EMS use only.
- c. These forms require less bubbling information to decrease errors.
- d. We are in the final stages of testing these forms with Scantron and our IT Team to ensure that they work properly. If our testing goes as planned and there are no major hiccups, then these forms will be going live in the next month or so.
- e. CTS examiners will have copies of these forms in the transition period. Additionally, we will be mailing out a supply to the Regional EMS Councils.
- f. When you receive the green forms, please DISCARD THE BLUE FORMS. There will be a sunset date to the blue form which our system will no longer read. We will send a blast email out to all parties when the go-live date has been determined.

6. Examples Attached

- a. Copies of the new bubble forms are attached for your preview. Please do not try and print to use these forms as they are simply examples. You will note that the CE Card and Enrollment Forms have QR barcodes. These will easily identify the forms as new. The Certification Form is green which will be the identifying feature.

The ACE Division staff would like to thank you for your patience during our construction and renovations. As always, we are doing our best to address your questions and calls as they come in.

Regards,

Chad

Chad Blosser | Education Program Manager | Virginia Office of Emergency Medical Services | Division of Accreditation, Certification & Education | 1041 Technology Park Drive, Glen Allen, VA 23059 | 804.888.9124 (p) | 804.371.3409 (f) | chad.blosser@vdh.virginia.gov | www.vdh.virginia.gov/emergency-medical-services/

Please let us know how we are doing by [clicking here](#) to complete a short customer experience survey.

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New CE Bubble Card

NAME – Please print within the box (Last, First, M.I.)										
CERTIFICATION NUMBER		LEVEL	COURSE NUMBER		CAT	TOPIC		DATE OF CLASS		
								MONTH	DAY	YEAR
A B C D E F G H I J		A B C D E F G H I J	0 1 2 3 4 5 6 7 8 9			0 1 2 3 4 5 6 7 8 9		0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
Scantron Mark Reflex® M-156839-9:654321 HR04										

EXAMPLE
DO NOT PRINT

For CE Scanner training, please contact Chad Blosser at
chad.blosser@vdh.virginia.gov.

Request new forms from Tracie Jones at
tracie.jones@vdh.virginia.gov.

CE CARD INSTRUCTIONS

This is your EMS Continuing Education (CE) submission card. One card should be used for each class or course attended in order to receive CE credit. All courses approved for CE hours by the Office of EMS are assigned a course number and topic number. These must be entered on this CE card and returned to the Office of EMS to receive credit towards recertification.

- Use a #2 pencil to complete this CE card.
- 1. Print your name in the box labeled "NAME" at the top of the card.
- 2. Place your Certification Number, Course Number, and Topic Number in the boxes under the appropriate heading. Completely bubble the corresponding number in each column.
- 3. Place your level of training in the box under "LEVEL" heading. Mark only one box.
A=EMR B=MT C=AEMT
E=PAR F=EC G=CC
H=INTERMEDIATE
- 4. Complete the "CAT" (category) column listing for where the CE should be applied.
1=REQUIRED 2=APPROVED
3=MULTIMEDIA 6=EC INSTRUCTION
- 5. Complete "DATE OF CLASS" indicating when you completed this particular program. Completely bubble the corresponding areas.
- 6. The numbered rows on the right side of the card are used to answer test questions, if required, for the multimedia category.
- 7. Return this card to the Office of EMS at the address below in person or via mail.

DO NOT FOLD OR BEND. DO NOT MAKE STRAY MARKS ON THIS CARD

Office of Emergency Medical Services
Virginia Department of Health
1041 Technology Park Drive
Glen Allen, VA 23059-4500
Phone: 804-888-9100



New Enrollment Form

Online course enrollment is available!

<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/student-resources/course-enrollment/>

FORM: E		VIRGINIA EMS TRAINING PROGRAM ENROLLMENT FORM																													
NAME: Last		NAME: First		M		S		U		F		I		P																	
A	A	A	A	B	B	B	B	B	B	B	B	B	B	B	B	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
B	B	B	B	C	C	C	C	C	C	C	C	C	C	C	C	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	
C	C	C	C	D	D	D	D	D	D	D	D	D	D	D	D	D	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
D	D	D	D	E	E	E	E	E	E	E	E	E	E	E	E	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	
E	E	E	E	F	F	F	F	F	F	F	F	F	F	F	F	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
G	G	G	G	H	H	H	H	H	H	H	H	H	H	H	H	H	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
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J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
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M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	R	R	R	R	R	R	R	R	R	R	R	R	R		
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X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z		
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
*ONLY ONE PHONE NUMBER IS REQUIRED												SOCIAL SECURITY #																			
ZIP		F.I.P.S.		GEO- CODE		HOME PHONE #				CELL PHONE #				AREA CODE				AREA CODE				DATE OF BIRTH									
M	F	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5				
MARKING INSTRUCTIONS												CORRECT MARK																			
<ul style="list-style-type: none"> Use only a Number 2 pencil. Completely fill in the oval. Do not make stray marks. Do not fold, bend or staple this form. 																															

FOR COURSE ENROLLMENTS ONLY COMPLETED BY COURSE COORDINATOR		Complete only ONE of the following sections:	
COURSE # 		Section 1 – Course Enrollment Signature below by the Course Coordinator confirms that this student has been advised of the prerequisites for enrollment in the Course Number listed and has provided the Course Coordinator with the required documents which are available for review by the Office of EMS. Online enrollment is a quick and easy alternative. Visit the OEMS website for more information.	Section 2 – Reciprocity/Legal Recognition/Challenge OR Mark the applicable space for the level of certification requested through reciprocity, legal recognition or challenge.
		Mark the applicable space for the Training Course in which you are enrolled: <input type="checkbox"/> Emergency Medical Responder <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Advanced EMT <input type="checkbox"/> Intermediate <input type="checkbox"/> Paramedic	<input type="checkbox"/> Emergency Medical Responder <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Advanced EMT <input type="checkbox"/> Paramedic
THIS SECTION IS REQUIRED FOR ALL APPLICANTS			
Acknowledgement of Requirements:			
Basic Life Support Program Enrollment and Certification Requirement (as of the start date of the course or request for certification):			
<p style="text-align: center;">DONOTPRINT</p> <ol style="list-style-type: none"> English Language Proficiency - Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family, or bystander to determine a chief complaint, nature of illness or injury, as well as signs and symptoms, and interpret protocols. Minimum Age - Be a minimum of 18 years of age at the beginning date of the certification program. If less than 18 years of age, must submit form with the signature of a parent or guardian supporting enrollment in the course. Performance Ability - Have no physical or mental impairment that would render the student or provider unable to demonstrate practical skills required for that level of certification, including the ability to function and communicate independently and perform patient care, physical assessments, and treatments. CPR Certification - Hold current certification in basic life support in cardio-pulmonary resuscitation (CPR) as of the beginning date of the certification program. This certification must also be current at the time of state testing. Criminal History / Disciplinary Actions - Never convicted or found guilty of any felony or misdemeanor crime, offense or regulatory violation, nor participated in any other prohibited conduct. This acknowledgement includes all of the prohibitions listed in the Virginia EMS personnel "Standards of Conduct". 			
Advanced Life Support Program Enrollment and Certification Requirement (includes all above listed for Basic Life Support programs as well as the following as of the start date of the course or request for certification):			
<ol style="list-style-type: none"> Minimum Age - Be a minimum of 18 years of age at the beginning date of the certification program. Education Requirement - Hold at minimum a high school or general equivalency diploma. Current Certification - Currently certified as an EMT or higher EMS certification level. 			
<p>I affirm that the information on this form is true and correct and I realize that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation of certification.</p>			
Printed Email Address: _____			
Applicant's Signature Required _____ Date Signed _____			
<small>Scanning Matrix Identifier: M-33492-43852</small>			

New Certification Application

Request new forms from Tracie Jones at
tracie.jones@vdh.virginia.gov.

FORM: C		VIRGINIA EMS CERTIFICATION APPLICATION											
NAME: Last	NAME: First	M	S	F	I	CERTIFICATION #	DOB	TEST DATE	SITE	METHOD	TEST ID #		
							MONTH DAY YEAR	MONTH DAY YEAR					
							0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0			A 0 0 0 0 0 0 0 0 0		
							0 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1			B 1 1 1 1 1 1 1 1		
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							3 3 3 3 3 3 3 3 3	3 3 3 3 3 3 3 3 3			D 3 3 3 3 3 3 3 3 3		
							4 4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4 4			E 4 4 4 4 4 4 4 4 4		
							5 5 5 5 5 5 5 5 5	5 5 5 5 5 5 5 5 5			F 5 5 5 5 5 5 5 5 5		
							6 6 6 6 6 6 6 6 6	6 6 6 6 6 6 6 6 6			G 6 6 6 6 6 6 6 6 6		
							H 7 7 7 7 7 7 7 7 7	H 7 7 7 7 7 7 7 7 7			H 7 7 7 7 7 7 7 7 7		
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							J 9 9 9 9 9 9 9 9 9	J 9 9 9 9 9 9 9 9 9			J 9 9 9 9 9 9 9 9 9		
OFFICE OF EMS USE ONLY													
PRACTICAL RESULTS													
#2 P 1 2 3 4 5 6 7 8 9													
PRACTICAL RESULTS													
#2 P 1 2 3 4 5 6 7 8 9													
PRACTICAL RESULTS													
#2 P 1 2 3 4 5 6 7 8 9													
CRITICAL CRITERIA													
101.	111.	121.	111.	141.	151.	161.	171.	181.	191.	201.	211.	221.	
102.	112.	122.	132.	142.	152.	162.	172.	182.	192.	202.	212.	222.	
103.	113.	123.	133.	143.	153.	163.	173.	183.	193.	203.	213.	223.	
104.	114.	124.	134.	144.	154.	164.	174.	184.	194.	204.	214.	224.	
105.	115.	125.	135.	145.	155.	165.	175.	185.	195.	205.	215.	225.	
106.	116.	126.	136.	146.	156.	166.	176.	186.	196.	206.	216.	226.	
107.	117.	127.	137.	147.	157.	167.	177.	187.	197.	207.	217.	227.	
108.	118.	128.	138.	148.	158.	168.	178.	188.	198.	208.	218.	228.	
109.	119.	129.	139.	149.	159.	169.	179.	189.	199.	209.	219.	229.	
110.	120.	130.	140.	150.	160.	170.	180.	190.	200.	210.	220.	230.	
EXAMINER COMMENTS:													
MARKING INSTRUCTIONS													
• Use only a Number 2 pencil. • Completely fill in the oval. • Do not make stray marks. • Do not fold, bend or staple this form.													
CORRECT MARK													
SIGNATURE OF VAOEMS EXAMINER													
Examiner's Signature Required													
Date													
Affirmation													
By my signature, I affirm that I was oriented to the test and took the test under the direction of the Virginia Office of EMS Test Examiner. I agree to abide by all policies of the Office of EMS and understand that the Office of EMS reserves the right to delay the processing or invalidate my results.													
I further affirm that the information on this application is true and correct and I realize that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation of certification. I affirm that I have never been convicted of or found guilty of any felony or misdemeanor crime, offense or regulatory violation nor participated in any other prohibited conduct. This acknowledgement includes all of the prohibitions listed in the Virginia EMS personnel "Standards of Conduct".													
Applicant's Signature Required													
Date													
Scantron Mark Reflex® M-210965-9-1:654321 HR04													

**EXAMPLE
DO NOT PRINT**