



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 _____

PROCTOR INFORMATION SHIFT:

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 _____



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PROCTOR INFORMATION

SHIFT:

Name

Mailing Address

_____	_____	_____	_____
Last Name	First Name	MI	
			+
_____	_____	_____	_____
Number, Street, Apt.	City	State	Zip +4

Work Phone # _____ Home Phone # _____

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Signature _____ Date _____

PROCTOR INFORMATION

SHIFT:

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Mailing Address

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Last Name	First Name	MI	
			+
_____	_____	_____	_____
Number, Street, Apt.	City	State	Zip +4

Work Phone # _____ Home Phone # _____

E-mail Address _____ Cell Phone # _____

Signature _____ Date _____

BACKUP PROCTOR:

SHIFT:

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

1041 Technology Park Drive

Glen Allen, VA 23059

804-888-9120

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

EMS.TR.74-Muni-Fire

Revised: February 2020



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**BACKUP PROCTOR:
SHIFT:**

Name

	_____	_____	_____
	Last Name	First Name	MI
Mailing Address	_____		
			+
	_____	_____	_____
	Number, Street, Apt.	City	State Zip +4
Work Phone #	_____	Home Phone #	_____
E-mail Address	_____	Cell Phone #	_____
Signature	_____		Date
	_____	_____	_____

**BACKUP PROCTOR:
SHIFT:**

Name

	_____	_____	_____
	Last Name	First Name	MI
Mailing Address	_____		
			+
	_____	_____	_____
	Number, Street, Apt.	City	State Zip +4
Work Phone #	_____	Home Phone #	_____
E-mail Address	_____	Cell 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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