

EMS Agency Licensure Signature Page

_____ has applied for EMS Agency
(Print EMS Agency Name)
Licensure / Renewal with the Virginia Office of Emergency Medical Services.

AGENCY REPRESENTATIVE/OWNER SIGNATURE:

Name: _____ Date: _____

I hereby 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 of agency application, and/or enforcement action.

(Please sign name) Date: _____

AGENCY OPERATIONAL MEDICAL DIRECTOR SIGNATURE:

Name: _____ Date: _____

I hereby affirm that I am the primary Operational Medical Director for the above listed agency and have:

- Signed a current list of authorized provider form/roster as outlined in §12VAC5-31-1040.
- Supervised the QM program as outlined in §12VAC5-31-600.
- Received an annual review of exceptions as outlined in the Designated Emergency Response Plan in §12VAC5-31-610.

(Please sign name) Date: _____

(DERA ONLY) LOCAL GOVERNMENT SIGNATURE: (County Administrator, City Manager or Emergency Service Coordinator)

Pursuant to the provisions of the *Virginia EMS Regulations*, specifically:
12VAC5-31-610. Designated emergency response agency standards.

Name: _____ Date: _____

I acknowledge the above listed agency participates with the local EMS response plan and the local government was supplied an annual review of exceptions as outlined in the Designated Emergency Response Plan in §12VAC5-31-610.

(Please sign name) Date: _____