Application to Develop and Offer Courses on Blackboard

APPLICANT INFORMATION:

Name

_____ _____ _____
Last Name   First Name   MI

Mailing Address

_____ _____ _____
Number, Street, Apt.   City   State   Zip +4

E-mail Address _____ Phone # _____

Certification Number _____

EDUCATOR CERTIFICATON LEVEL:

☐ EMR   ☐ EMT   ☐ Advanced EMT

☐ Intermediate   ☐ Paramedic

EDUCATOR & EMS PHYSICIAN SIGNATURES

We, the undersigned, hereby acknowledge that we have read and understand the OEMS published *Policies and Guidelines for Using Blackboard* which describes the requirements for announcing, developing and offering initial certification and/or continuing education programs in an asynchronous environment.

EC/ALS-C Printed Name _____

Signature _____   Date _____

Physician Printed Name _____

Signature _____   Date _____

Submit this completed form through the OEMS website at: https://www.vdh.virginia.gov/emergency-medical-services/education-certification/blackboard-help-center/application-to-develop-and-offer-courses-on-blackboard/