



Field/Clinical Site Closed to EMS Students

Attestation Statement

I, _____, representing field/clinical site _____,
do hereby attest by my signature below that our facility does not permit EMS students in our facility for clinical/field
time for the following reasons:

- Insurance will not permit
- Due to HIPPA requirements
- Students are not members of our agency
- Policies will not allow students
- Other: _____

Field/Clinical Site Signatures

Field/Clinical Site Representative: _____

Signature: _____ Date: _____

EMS Program Signatures

Course Coordinator's Name: _____

Signature: _____ Date: _____

Physician Course Director Name: _____

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.901A

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