

# EMD Accreditation Application

Virginia Office of EMS  
Division of Emergency Operations  
1041 Technology Park Drive Glen  
Allen, VA 23059  
804-888-9126

PSAP/911 Center Name *	Date
Mailing Address	Physical Address
Street *	Street
City *	City
State *	State
Zip *	Zip
Phone No *	Phone No

## PSAP/911 Center Manager Contact Information:

Name \*

Mailing Address

Street \*

City \*

State \*

Zip \*

Phone No \*

Email \*

Alternate

Jurisdiction(s) of Responsibility \*

Population Served by PSAP \*

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Average Number of EMS Calls Handled by PSAP per Year \*

E911 System \*

Emergency Medical Dispatch Program Used \*

Emergency Medical Dispatch Program Implementation Date\*

Number of Communications Officers Employed

Full Time \*

Part Time \*

Number of Communications Officers Certified as EMD's \*

Please remit additional required documents with this completed application to the EMD Accreditation Coordinator Amber Moore. The required documents can be found on our website or by contacting our coordinator directly at 804-888-9126 or by email at [Amber.Moore@vdh.virginia.gov](mailto:Amber.Moore@vdh.virginia.gov). Documents and completed application can be submitted electronically via email or by mail to:

Virginia Office of Emergency Medical Services  
1041 Technology Park Dr.  
Glen Allen, VA 23059  
Attention EMD Accreditation

Note: Applications will not be considered until all documentation has been received by OEMS.

By initialing next to each statement below, I acknowledge that each requirement must be met during the accreditation period.

- \_\_\_\_ Minimum of 1 EMD on duty at all times
- \_\_\_\_ Completion of 20 hours of CEs per year
- \_\_\_\_ Minimum PSAP overall QA score of 85% or greater
- \_\_\_\_ Annual report signed by EMS Physician submitted to OEMS (this report is due every year in the month of accreditation approval.)