EMD Accreditation Application

Virginia Office of EMS
109 Governor Street
Richmond, VA 23219
804-888-9100

PSAP/911 Center Name *

Date

Mailing Address

Street *

City *

State *

Zip *

Phone No *

Physical Address

Street

City

State

Zip

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 *

VDH Virginia Department of Health
Office of Emergency Medical Services

Virginia Office of EMS
109 Governor Street
Richmond, VA 23219
804-888-9100

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. Documents and completed application can be submitted electronically via email or by mail to:

Virginia Office of Emergency Medical Services
109 Governor Street
Mezzanine Floor
Richmond, VA 23219
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.)