## EMERGENCY MEDICAL DISPATCH ACCREDITATION PROGRAM

The following documents will be submitted with a completed application for reaccreditation. During the accreditation period, the PSAP would have submitted an annual report to show evidence of staffing requirements, QA scores, and continuing education. These reports would be signed by an EMS Physician.

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☐ Roster of all emergency cal	ll current employees whose job description include answering								
$\Box$ EMD training certificates for all applicable employees OR $\underline{\bf vendor\ provided}$ roster in lieu of certifications									
•	iority Dispatch: "Agency Verification Roster"								
•	APCO: "Agency Roster"								
•	PowerPhone: "Agency Report"								
•	NECI: Contact vendor for roster								
$\Box$ CPR training certificates for all applicable employees OR a roster that includes employees name, CPR vendor (AHA, ASHI, etc.) and expiration date									
☐ Current co	ntinuing education policy (specific to EMD)								
□ Current QA	A/QI policy								
-	policy related to the provision of EMD protocols if revised since last or re-accreditation date								
☐ OMD/EMS service contra	Physician endorsement and/or letter signed by physician, MOU or ct								

## **QUESTIONS?**

If there are any questions, or a need for clarification, reach out to the EMD Accreditation Coordinator:

Amber Moore, Phone: 804-888-9126, Email: Amber.Moore@vdh.virginia.gov



