



**OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.**

**1421 Johnston-Willis Drive  
Richmond, VA 23235-4730  
804-560-3300 • FAX: 804-560-0909  
[www.odemsa.vaems.org](http://www.odemsa.vaems.org)**

## **Online EMT Course Information and Registration Packet Winter 2016-17**

The Old Dominion EMS Alliance (ODEMSA) is pleased to offer this course which is designed to allow students the flexibility of an online\* Emergency Medical Technician (EMT) course. Please read all information contained in this Course Information Packet and follow the directions when filling out the Course Application, which is attached to this packet. We encourage you to review costs and to complete the pre-course requirements as soon as possible.

This course is limited to 30 students. This course is offered to increase the number of EMTs in areas that have limited access to EMT courses. Preference will be given to applicants living or volunteering within the ODEMSA region.

\*Note, this program will meet occasionally to complete some portions of this course. The class dates are noted below.

Please contact Adam Alford, Training Director, at (804) 560-3300 or email [jalford@vaems.org](mailto:jalford@vaems.org) if you have questions regarding the program or CE programs offered in the ODEMSA region.

### **Course Description**

At the completion of this course the student will be able to demonstrate an understanding of the roles and responsibilities of the basic life support provider as a member of the emergency medical services. The student will be able to integrate basic life support procedures with a comprehensive understanding of medical conditions to provide care in the pre-hospital environment.

This course prepares the student to sit for the National Registry Emergency Medical Technician (EMT) examination. After the successful completion of this course AND NREMT testing, you will be issued a Virginia Emergency Medical Technician certification. Topics include the theory and application of the following: foundations, human systems, overview of shock, patient assessment, obtaining vital signs, airway management, emergency child birth, and assessment based management. Conforms, at a minimum, to the Virginia Office of Emergency Medical Services curriculum.

All online modules will need to be completed within a specific deadline. This online EMT course uses an online learning management system. Instead of coming to a class and listening to lectures, students are required to read the textbook, listen to online lectures, watch videos, complete interactive assignments, and take quizzes and tests online. This course requires AT LEAST an 8-10 hour per week investment of time to be successful. Weeks that meet for lab will be an ADDITIONAL time requirement. Students are expected to complete 100% of all coursework.

Lab will meet occasionally to practice skills, assessments, and reinforce didactic material and critical thinking skills. Information will be given before the lab so students can better prepare for the skills lab. The schedule and location for labs is below.

## Course Expectations

To be successful in this course, you will need:

- 1) **To be self motivated.** Almost all the didactic material will be in the form of online modules including online videos, online lectures, voice-over PowerPoints, reading assignments, and quizzes that will have to be completed within a specific due date. As with all online educational programs, the successful student will need to be self-motivated to complete all assignments on time.
- 2) **Access to high speed internet and a computer.** High speed internet access and access to a computer is a MUST for this course. High speed internet and computers are generally available at local county libraries. Additionally, your local rescue squad or fire department may offer high speed internet access. Do not rely solely on cell-phone data plans, as this program will be video based. Do not rely solely on cell phone to access course materials, as some areas of the online software used do not work on cell phone internet browsers. ODEMSA is not responsible for data overage charges. Assignments MUST be completed on time, regardless of access to internet and/or a computer.
- 3) **Complete the physical requirements of the class.** You must be able to complete all skills, which can, at times, be physically demanding. This includes kneeling, performing compressions, crouching, bending, and lifting 150 lbs. ODEMSA will accommodate acute limitations (i.e. a physical restriction from a current injury), but students MUST complete the activity before successful completion of the course. For more detailed information about the physical requirements of this course, see the EMT Job Description attached to this application.

## Admission Requirements

### Application

Applicants must submit a completed application with all required documents before the application deadline.

### Cardiopulmonary Resuscitation Requirements

Applicants must hold a current approved CPR certification by the first day of the course. The course must be from the list of approved CPR courses below. The certification must be current at the time of certification.

As of February 19, 2014, the Office of EMS has approved to fulfill the prerequisites for EMS certification:

- American Heart Association - Basic Cardiac Life Support - "Healthcare Provider"
- American Red Cross - "CPR/AED for the Professional Rescuer and Healthcare Provider" or CPR/AED for Lifeguards
- American Safety and Health Institute – "CPR-PRO"
- Emergency Care and Safety Institute "Professional Rescuer" / "Healthcare Provider CPR & AED"
- EMS Safety Services, Inc. – CPR/AED for Professional Rescuers (2/1/2014)
- Medic First Aid - BLS for Professionals "BLSPRO"
- National Safety Council – "Healthcare and Professional Rescuer"
- ProCPR – "Healthcare Provider"

### Criminal History

The candidate must give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the Old Dominion EMS Alliance. The cost for this service is included in the course fee.

### EMS Personnel Requirements and Standard of Conduct

Applicants shall meet and maintain compliance with the following general requirements:

- Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury and/or assess signs and symptoms.
- Be clean and neat in appearance.
- Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical and mental performance skills include the ability of the individual to function and communicate independently to perform appropriate patient care, physical assessments and treatments without the need for an assistant.

- May not be under the influence of any drugs or intoxicating substances that impairs your ability to provide patient care or operate a motor vehicle while in class, or clinicals, while on duty or when responding or assisting in the care of a patient.
- If you are a foreign national, you must have secured a U.S. Government Student Visa.
  - If you have not been issued a US Social Security Administration number (SSN), you must submit copies of your U.S. Government Student Visa together with your enrollment form.

## Age Requirements

VA OEMS Regulations state that all students enrolled in EMS courses must be a minimum of 16 years of age at the beginning date of this certification program.

Students must be 16 **on or before November 28, 2016** to enroll in this course. ODEMSA cannot offer any flexibility regarding this date.

If less than 18 years of age, you must provide the course coordinator with a completed parental permission form with the signature of a parent or guardian verifying approval for enrollment in the course. If you are less than 18 years of age and are affiliated with an EMS or other public safety agency you must also provide the Course Coordinator with documentation from an Officer of the agency stating that you will be covered by agency insurance while attending the course. (Students less than 18 years of age must obtain and complete a copy of the **Student Permission Form (TR-07)** from the course coordinator of the training program.)

## Criminal History

Some clinical assignments will require a background check BEFORE completing any shifts. If your agency or hospital requires the background check, you will need to submit to the check and drug screen before being released to attend clinicals. More information will be provided to you. If required, the cost for the background check and drug screen is \$80, which is not included in the cost of the program.

There are certain types of criminal records that will preclude you from applying for EMS certification (and thus, taking this course). These are generally crimes which preclude you from ever obtaining EMS certification in Virginia, and crimes which the individual may apply after conditions are met. These are listed below in detail. For more information, please contact the Course Coordinator, Adam Alford, [jalford@vaems.org](mailto:jalford@vaems.org) or 804-560-3300. In some cases, you may be referred to the Office of EMS for clarification.

Individuals convicted of certain crimes present an unreasonable risk to public health and safety. **Thus, applications for certification by individuals convicted of the following crimes will be denied in all cases:**

- 1) Felonies involving sexual misconduct where the victim's failure to affirmatively consent is an element of the crime, such as forcible rape.

- 2) Felonies involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on an elderly or infirm person.
- 3) Any crime in which the victim is an out-of-hospital patient or a patient or resident of a healthcare facility including abuse of, neglect of, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.
- 4) Serious crimes of violence against persons such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree, or arson.
- 5) Has been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

Individuals in the following categories will be denied application for certification by the Office of EMS except in extraordinary circumstances, and then will be granted only if the applicant or provider establishes by clear and convincing evidence that certification will not jeopardize public health and safety.

- 1) Application for certification by individuals who have been convicted of any crime and who are currently incarcerated, on work release, on probation, or on parole.
- 2) Application for or certification by individuals convicted of crimes in the following categories unless at least five years have passed since the conviction or five years have passed since release from custodial confinement whichever occurs later.
  - a. Crimes involving controlled substances or synthetics, including unlawful possession or distribution or intent to distribute unlawfully Schedule I through V drugs as defined by the Virginia Drug Control Act (§ 54.1-3400 seq. of the Code of Virginia).
  - b. Serious crimes against property, such as grand larceny, burglary, embezzlement, or insurance fraud.
  - c. Any other crime involving sexual misconduct.
- 3) Is currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.

All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.

See Virginia EMS Regulations, 12VAC5-31-900, 12VAC5-31-910 (October 10, 2012) for more information.

## **Scheduled Courses**

This course runs from **November 28, 2016 through April 30, 2017**. **All coursework must be completed by April 30, 2017 at 11:59 PM.** Most of the course is facilitated in an online format, however, there will be in-person meetings for first night paperwork, the EMS Safety course, and skill labs. The physical (in-person) class meeting times are below:

### **November 28, 2017 – 6:30 PM – At Bensley Bermuda Vol. Rescue Squad – First Night meeting; Course orientation.**

- **\*\*This class is mandatory for all students\*\***
- You must bring your CPR certification (card or roster), ID to this course. All payment must be received by this date.
- For students beyond 3 hour drive-time of ODEMSA, the course coordinator will schedule a face-to-face video conference (Google Hangout, Facetime, or Sype) to go over paperwork and the course orientation.

### **Skill Labs – Meet at the Bensley Bermuda Rescue Squad building**

Students will meet every-other Wednesday and some Saturdays to go review skills, reinforce knowledge, and bring assessments and treatment together. Labs begin Wed, January 11, 2017. Labs beginning promptly at 6:30 and will go until 10 PM. (Do not expect lab to let out early.) Students should be on time and are required to attend a MINIMUM of 90% of all lab time. The student must make up any lab skills/assessments. Availability of extra lab time will be at the discretion of the course coordinator.

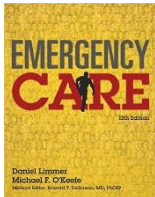
Day	Date	Time
Wednesday	1/11/2017	6:30 PM - 10 PM
Wednesday	1/25/2017	6:30 PM - 10 PM
Saturday	1/28/2017	8 AM – 5 PM
Wednesday	2/8/2017	6:30 PM - 10 PM
Wednesday	2/22/2017	6:30 PM – 10 PM
Saturday	2/25/2017	8 AM – 5 PM
Wednesday	3/8/2017	6:30 PM – 10 PM
Wednesday	3/22/2017	6:30 PM – 10 PM
Saturday	3/25/2017	8 AM – 5 PM
Wednesday	4/5/2017	6:30 PM – 10 PM
Saturday	4/8/2017	8 AM – 5 PM
Wednesday	4/19/2017	6:30 PM – 10 PM

## Course Tuition

**Tuition for this course is \$450.** Unless prior arrangements are made with ODEMSA, the tuition is payable to ODEMSA when the application is turned in. The tuition does not include the cost for books, testing fees, background check fee, skills recording, any physical exam or immunization update, or liability insurance fee (if needed).

## Fees and Other Requirements

### TEXT BOOKS/ONLINE RESOURCES



The principle text for this course is Emergency Care 13<sup>th</sup> Edition, Dan Limmer. You can purchase this through a number of online retailers, including Amazon and directly from the publisher at Bradybooks.com. A cheaper eBook is also available. The approximate cost of a new textbook is \$110.

### CERTIFICATION TESTING:

Practical (skills) and cognitive testing are done in separate venues. Practical testing is done at one of Virginia's Consolidated Test Sites (CTS) in and around the Commonwealth. The cost for the practical testing is \$50. The cognitive test is done by the National Registry of EMT's. The first test is paid for by Virginia Office of EMS. Subsequent attempts are \$80 each.

### BACKGROUND CHECKS:

Hospitals require people who work or learn in their facilities to undergo an extensive background check in order to protect their patients. The depth of this background check exceeds that done by the Virginia State Police. ODEMSA has made arrangements with a national company that will do the required check while maintaining the students' privacy. If your agency or if you select hospital clinicals, you will need to complete a background check before starting clinicals.

### HEALTH AND IMMUNIZATION:

If your agency or if you select hospital clinicals, you will need immunizations and a health statement on file starting clinicals. Some agencies require students to have immunizations. Hospitals require people who work or learn in their facilities to have their immunizations up to date. ODEMSA recommends students in its programs have a physical to protect themselves and patients with whom they will come into contact. In addition, the student must have a record of immunization which must be completed before the clinical experience can begin. We suggest you contact your PCP for both.



## LIABILITY INSURANCE:

Students must be covered by liability insurance. Those who are taking these courses as members of a licensed EMS agency generally are covered by their agency's insurance carrier. If not, the individual must purchase an appropriate amount of insurance from an insurance agency. The student must show proof of coverage either by a signed statement from an EMS agency official, or proof of purchase of an individual plan.

## DRUG SCREENING:

Some hospitals require those who work or learn in their facilities to be subject to drug screen testing. Students will receive specific instructions and information

### Summary of Costs

Tuition	\$450
Books/Online Resources	Approx. \$170
Background check/Drug Screen	\$80, if required
CTS (Practical) Testing fee	\$50
NREMT Testing Fee	Virginia pays the first attempt
Liability Insurance	\$37, unless affiliated with EMS Agency
Health and Immunizations	Varies

### Liability Insurance

Every hospital within the ODEMSA region requires students have at least liability coverage to the extent of \$1,000,000.00 per occurrence / \$3,000,000.00 aggregate. Therefore students must purchase, at your own cost, liability insurance that meets the minimum required coverage amounts.

**AFFILIATED EMS PROVIDERS:** Volunteer and career EMS providers are generally covered for liability insurance by their agency's insurance carrier while performing in an EMS training program. Contact your agency's insurance carrier to verify that coverage.

**NON-AFFILIATED EMS APPLICANTS:** A person who is not affiliated with a licensed EMS agency must purchase an individual liability insurance policy. Below is an agency listed on the Virginia Office of EMS website. ODEMSA suggests that the applicant investigate several to find one that fits the requirements. The insurance vender is listed as a reference. The inclusion of this vender should not be interpreted as an endorsement.

### Healthcare Providers Service Organization (HPSO)

159 E. County Line Road  
Hatboro, PA 19040-1218  
Phone: 1-800-982-9491



Fax: 1-800-739-8818

Web page: <http://www.hpsso.com>

The applicant must bring their proof of liability coverage on the first night of class. Providers covered under an EMS agency's policy must have an officer of the agency fill out the attached form.

## **Refund Policy**

ODEMSA will issue refunds using the following schedule:

- Full refund before November 28, 2016
- 90% refund within the first week of class (ending Dec 4, 2016)
- 75% refund during the second week (ending Dec 11, 2016)
- 50% refund during the third week (ending Dec 18, 2016)



## Online EMT Course Winter 2016-17 Application

### Applicant Information

**Name:** \_\_\_\_\_  
Print all information (Last) (First) (Middle)

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Phones:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
(cell) (please print legibly)

**EMS Agency Affiliation:** If you are affiliated with more than one agency, list your primary agency.

**EMS Agency:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Highest Level of Education:** \_\_\_\_\_

**Lab Schedule: I will be taking the:** ☐ Traditional Lab Schedule  
☐ One Week Wonder

*\*\*Students will not be able to switch after the first night of class.\*\**

**Check off the list below as you attach the documents to this application:**

1. \_\_\_\_\_ Copy of your Healthcare Provider CPR card (or roster)\*
2. \_\_\_\_\_ Proof of liability insurance coverage or Agency Affiliation Form\*\*
3. \_\_\_\_\_ Signed Parental Consent form (TR-07), if under 18 years.

\*If you do not yet have CPR certification, this may be turned in at a later date. A copy of your certification card or roster from the class **MUST** be on file by the first night of class.

\*\*Proof of liability insurance may be submitted on the first night of class.

I am aware of the requirements to enroll in an Emergency Medical Technician course and affirm that I meet or exceed those requirements. The information I provide on this application is true and correct to the best of my ability and knowledge. I understand that furnishing false information on this application is grounds for dismissal from the program.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send completed Application to:  
**ODEMSA**  
1421 Johnston Willis Drive  
Richmond, VA 23235

Electronic application also  
available by going to:  
  
**[odemsa.vaems.org](http://odemsa.vaems.org)**



## Agency Affiliation Form

Applicant's Name: \_\_\_\_\_  
Print all information (First) (Middle) (Last)

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_  
City, State Zip

Agency Phone: \_\_\_\_\_

Agency OMD: \_\_\_\_\_

Officer Name and Title: \_\_\_\_\_

Officer Phone and Email: \_\_\_\_\_

**By signing below, you certify that the appicate is affiliated with this agency. You certify that the agency insures its students at the limits indicated on the student application.**

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Date



## Health and Immunization Record

Every hospital within the ODEMSA region requires students to be up to date with immunizations.

Name \_\_\_\_\_  
Print all information (First) (Middle) (Last)

Phone # \_(\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

You are exempt for MMR requirements if born prior to 1957. DOB \_\_\_\_\_

MMR: \_\_\_\_\_ 2<sup>nd</sup> MMR: \_\_\_\_\_  
(Date) (Date)

Titer Result: \_\_\_\_\_ + or - \_\_\_\_\_  
(Date/Rubella or Rubeola)

### Hepatitis B Vaccine:

1<sup>st</sup> Dose: \_\_\_\_\_ Institution: \_\_\_\_\_

2<sup>nd</sup> Dose: \_\_\_\_\_ --or--

3<sup>rd</sup> Dose: \_\_\_\_\_ ☐ Check here if you decline B vaccine  
**(Declination Form must be attached)**

### Varicella:

Have you had **Chicken Pox**? \_\_\_\_\_ If not: Dates of vaccine #1 \_\_\_\_\_  
(Date of Disease) vaccine #2 \_\_\_\_\_

Titer Result: \_\_\_\_\_ + or - \_\_\_\_\_  
(Date)

### TB Screen:

☐ Complete the TB Screening Questionnaire (Part A only)

\_\_\_\_\_ Depending on the results of the TB screen, I may be asked to provide additional laboratory tests at a cost. (Please initial to indicate that you understand this.)

I attest that I have no physical or mental impairment that would render me unable to perform all practical skills required for this level of certification. Y/N \_\_\_\_\_

***I attest the information provided is true, complete, and accurate to the best of my knowledge:***

\_\_\_\_\_  
(Signature of student) (Date)



## Hep B Declination Statement

### Declination Statement

I \_\_\_\_\_ (print name) understand that as a student in an EMS program I have an increased risk of exposure to blood or other potentially infectious materials. I understand I may be at risk of acquiring hepatitis B virus (HBV) infection. I understand that for best protection of contracting HBV, I should receiving the vaccine series, however, I decline hepatitis B vaccination at this time.

I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. I understand that I can decide at a later time to get the vaccination.

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(Signature of student)

---

(Date)



## Clinical Privacy Agreement

Name \_\_\_\_\_  
*Print all information* (First) (Middle) (Last)

Initial each statement:

\_\_\_\_\_ I understand that I cannot hold ODEMSA, the clinical site, or preceptors liable for any injuries or illnesses incurred from performing clinical rotations in connection with the EMT course I am attending.

\_\_\_\_\_ I understand that I am to treat all patient care information, especially names and other patient identifiers, as strictly confidential as possible. I will not speak to the media, friends, family, or post on social media any reference to patients, or patients from events or other high-profile cases that I come in contact with during my clinical rotations.

\_\_\_\_\_ Per facility policy, I will NOT use my cell phone in the patient environments. I will keep my cell phone in my belongings bag (Phones can be accessed in nurses' stations ONLY IF it is authorized by your clinical preceptor.)

\_\_\_\_\_ I understand that if I am found to have released any unauthorized information, pictures, etc, I will be expelled from the Online EMT course.

\_\_\_\_\_ I understand that the skills I am allowed to do are as follows:

Patient Assessments	Performing CPR
Blood Pressures	Performing basic airway maneuvers and procedures
Listening to Lung Sounds	Wound Management
Listening to bowel sounds	Bleeding control
Checking Pulses	Splinting
Obtaining Vital Signs with automatic machines	Ventilating with a BVM (can be through an ETT)
Obtaining 12-lead EKG	Blood glucose measurement

\_\_\_\_\_ I will NOT perform skills outside of the scope of practice as an EMT including, but not limited to, starting IV's, giving medications other than Nitro tabs, aspirin, and albuterol, advanced airway management procedures.

***I agree to the terms of the clinical rotation offered to me by regional hospitals.***

\_\_\_\_\_  
(Signature of student)

\_\_\_\_\_  
(Date)

## ***Tuberculosis Symptom Screening Questionnaire to be used During PPD (Purified Protein Derivative) Shortage***

The Centers for Disease Control and Prevention (CDC) has declared a shortage of PPD solution used for administering the TB Skin Test (TST). This form is to be used for persons who are required to have TB screening for employment, post-secondary educational institution admission, long term residential care admission, correctional facility intake, or fulfillment of other statute or regulation. *Part A should be completed by the person for whom the TB Skin Test is required. A healthcare professional must evaluate the answers and assign a recommendation from Part B.*

- **If testing is deferred, the healthcare provider must check with their PPD solution supplier regularly to determine if PPD is available, and recall all patients with deferred TSTs as soon as is practical.**
- **Prior to using the form, all responsible facilities (skilled nursing facilities, home health care etc.) should verify that the suggested process is acceptable to their regulatory authority.**

### **PART A**

- |   |     |    |
|---|-----|----|
| 1. Have you experienced any of the following symptoms in the past year?                               |     |    |
| a.) A productive cough for more than 3 weeks?   | Yes | No |
| b.) Hemoptysis (coughing up blood)?   | Yes | No |
| c.) Unexplained weight loss?  | Yes | No |
| d.) Fever, Chills, or night sweats for no known reason?   | Yes | No |
| e.) Persistent shortness of breath?   | Yes | No |
| f.) Unexplained fatigue?  | Yes | No |
| g.) Chest Pain?   | Yes | No |
| 2. Have you had contact with anyone with active tuberculosis disease in the past year?                | Yes | No |
| 3) Do you have a medical condition, or are you taking medications, which suppress your immune system? | Yes | No |
| 3. Why are you required to have a TB Skin Test?   |     |    |

**Please provide details to any question answered "Yes".**

*I declare that my answers and statements are correctly recorded, complete, and true to the best of my knowledge.*

\_\_\_\_\_  
Signature of person required to be tested

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### **PART B**

Upon review of the responses to the questionnaire and discussion with the person for whom the tuberculosis evaluation is required, I recommend as follows:

\_\_\_\_\_ There is no indication this person has active tuberculosis at this time. Their TB Skin Test should be deferred until the National PPD shortage has ended. ***Interferon Gamma Release Assay (IGRA) TB Blood Test may be considered as an alternative, if practicable. (client is insured, or can afford out of pocket).***

\_\_\_\_\_ Further evaluation, including a TB Skin Test, Interferon Gamma Release Assay or other medical evaluation is indicated, and should be completed prior to work placement or admission to a facility.

\_\_\_\_\_  
Healthcare Professional Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency/Practice Name

\_\_\_\_\_  
Contact Phone



# Student Permission Form for BLS Students Less than 18 Years Old

Virginia Office of EMS  
Division of Educational Development  
1041 Technology Park Drive  
Glen Allen, VA 23059

804-888-9120

Dear Parent/Legal Guardian:

Your daughter/son has expressed an interest in being certified as an Emergency Medical Services Provider. The Office of Emergency Medical Services, Virginia Department of Health requests that you take a moment to review this letter. If you have any concerns, please discuss them with your daughter/son, the EMT instructor, or someone at the Office of Emergency Medical Services. (1-800-523-6019)

The Emergency Medical Services (EMS) Basic Life Support (BLS) Course is a program which trains people to assist injured or ill individuals outside the confines of a hospital. The curriculum used in Virginia is a nationally recognized program developed by the U.S. Department of Transportation.

The curriculum requires a minimum of number of hours of classroom instruction and for Emergency Medical Technician programs an additional 10 hours of clinical experience either by hospital emergency department observation, or a ride-a-long on an ambulance. Following successful completion of a State approved course, the student is allowed to take the State Certification Examination. Passing both the written and practical aspects of the State examination certifies the student to perform the duties of an EMS provider.

Because of the responsibilities placed on an EMS provider, the State of Virginia requires that anyone less than eighteen (18) years of age must have permission from their parent or legal guardian to become certified as an EMS provider in Virginia. **The individual must be at least sixteen (16) years of age before the course starts to enroll in an EMS program.**

To participate in the delivery of health care can be a very rewarding experience. However, the responsibilities of an EMS provider are great and at times extremely stressful. The balance of a patient's life may rest with the actions taken by the provider. The consequences of such situations can be positive; but can also be a source of frustration, guilt, and emotional distress. Physical injury is also a very real possibility.

EMS providers are at a greater risk of exposure to infectious diseases, hazardous environments, and violent behaviors. Emergency Medical Services' training programs provide information on how to protect oneself when dealing with these hazards. However, the nature of EMS activities tends to place EMS providers in dangerous situations where the maturity and experience to deal with critical decisions is of the most importance.

## APPLICANT/STUDENT INFORMATION:

Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

Mailing Address

\_\_\_\_\_  
Number, Street, Apt.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip +4

+

E-mail Address

\_\_\_\_\_

(over)

# Student Permission Form for BLS Students Less than 18 Years Old

Virginia Office of EMS  
Division of Educational Development  
1041 Technology Park Drive  
Glen Allen, VA 23059

804-888-9120

## PARENTAL ACKNOWLEDGMENT:

By signing this document, you agree that your daughter/son has the capabilities of managing these mature matters. The Office of Emergency Medical Services welcomes all interested individuals to participate as an informed member in this very rewarding activity.

I have reviewed this letter and discussed with my daughter/son the activities associated with being an EMS provider. Having no further questions, I consider to possess the necessary maturity to perform the duties of an Emergency Medical Services Provider and authorize their enrollment in this **EMERGENCY MEDICAL RESPONDER** or **EMERGENCY MEDICAL TECHNICIAN** course.

Signature

Date

Relationship to Applicant:

## AGENCY ACKNOWLEDGMENT:

If the applicant is a member of an agency providing prehospital medical care, the endorsement of the applicant by an officer in the agency is required to insure agency insurance coverage, etc. in the event of student's course related injury or liability.

I, the undersigned individual have spoken to the applicant's parent or guardian and I recommend that the applicant, a member in good standing with the agency specified below, be allowed to take the Emergency Medical Responder or Emergency Medical Technician program for certification.

Agency Name

Agency Official Name

Last Name

First Name

MI

Official Title

Mailing Address

Number, Street, Apt.

City

State

Zip +4

E-mail Address

Signature

Date

This letter must be presented to the EMT Instructor who will keep it on file with the records for the Emergency Medical Services program the above applicant has enrolled. This letter must be returned to the EMT instructor within one week after receipt by the student in order to remain in the course.

# Functional Position Description for the Basic Life Support Provider

Virginia Office of EMS  
Division of Educational Development  
1041 Technology Park Drive  
Glen Allen, VA 23059

804-888-9120

## Introduction

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The following is a position description for the Emergency Medical Technician (EMT) within Atlantic EMS Council states. This document identifies the minimum qualifications, expectations, competencies and tasks expected of the EMT.

## Qualifications for State Certification

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To qualify for state certification, the applicant must at a minimum:

1. meet minimum state entry requirements.
2. meet course requirements such as attendance and grades.
3. successfully complete all certification/licensure examination(s).

## Competencies

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The EMT must demonstrate competency in handling emergencies utilizing basic life support equipment and skills in accordance with the objectives in the U.S. Department of Transportation National EMS Education Standards for the EMT to include having the ability to:

- verbally communicate in person, via telephone and telecommunications using the English language;
- hear spoken information from co-workers, patients, physicians and dispatchers and in sounds common to the emergency scene;
- ability to lift, carry, and balance up to 125 pounds (250 with assistance) a height of 33 inches, a distance of 10 feet;
- read and comprehend written materials under stressful conditions;
- document, physically in writing, document physically patient information in prescribed format;
- demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care in a safe manner;
- bend, stoop, crawl, and walk on uneven surfaces;
- meet minimum vision requirements to operate a motor vehicle within the state.

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## Description of Tasks

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The Basic Life Support Provider must:

- Receives a dispatched call, verbally acknowledges the call, reads road maps, identifies the most expeditious route to the scene, and observes traffic ordinances and regulations.
- Upon arrival at the scene, ensures that the vehicle is parked in a safe location. Safely performs size-up to determine scene safety including the presence of hazardous materials, mechanism of injury or illness, and the total number of patients. Performs triage and requests additional help as necessary.
- In the absence of public safety personnel takes safety precautions to protect the injured and those assisting in the care of the patient(s).
- Using body substance isolation techniques, protects the patient(s) and providers from possible contamination.
- Inspects for medical identification emblems, bracelets or cards that provide patient emergency medical care information.
- Determines nature and extent of illness or injury, checks respirations, auscultates breath sounds, takes pulses, auscultates/palpates blood pressure (including proper placement of the cuff), visually observes changes in skin color, establishes priority for emergency care. Based on assessment findings renders emergency care to adults, infants and children.
- Skills performed include but are not limited to: establishing and maintaining an airway, ventilating patients, cardiac resuscitation, use of automated external defibrillators where applicable. In addition, provides prehospital emergency care of single and multiple system trauma such as controlling hemorrhage, bandaging wounds, treatment of shock (hypoperfusion), spinal immobilization and splinting of painful swollen or deformed extremities.
- Manages medical patients to include, but are not limited to: assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies and suspected poisonings.
- Performs interventions and assist patients with prescribed medications, including sublingual nitroglycerine, epinephrine auto injectors, and metered dose aerosol inhalers observing safety measures for others and self.
- Responsible for the administration of oxygen, oral glucose and activated charcoal.
- Reassures patients and bystanders by working in a confident, efficient manner.
- Functions in varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.
- Performs in situations that create stress and tension on a regular basis.
- Where extrication is required, assesses extent of entrapment and provides all possible emergency care and protection to the patient. Uses recognized techniques and equipment for removing patients safely (to include proper strap placement) Communicates verbally for additional help as needed.
- Complies with regulations for the handling of crime scenes and prehospital deaths by notifying the appropriate

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authorities and arranging for the protection of property and evidence at that scene.

- Lifts and moves patients into the ambulance and assures that the patient and stretcher are secured, continues emergency medical care enroute in accordance with local protocols.
- Determines most appropriate facility for patient transport. Reports to the receiving facility, the nature and extent of injuries, and the number of patients being transported.
- Observes patient enroute and administers care as directed by medical control or local protocol. Able to maneuver to all points in the patient compartment while transporting with a stretchered patient. Assists in lifting and carrying patient and appropriate equipment from ambulance and into receiving facility.
- Reports verbally and in writing, observations and emergency care given to the patient at the scene and in transit to the receiving staff for record keeping and diagnostic purposes. Upon request, provides assistance to the receiving facility staff.
- Disposes of contaminated supplies in accordance with established guidelines, decontaminates vehicle interior, sends used supplies for sterilization.
- Maintains ambulance in operable condition which includes cleanliness, orderliness and restocking of equipment and supplies. Determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure.
- Checks all medical equipment for future readiness. Maintains familiarity with all specialized equipment.
- Attends continuing education and or refresher training programs as required by EMS agency, medical direction, and/or certifying agency.
- Meets qualifications within the functional job analysis of the EMT.

# Prerequisites for EMS Training Programs, Criminal History and Standards of Conduct

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## Initial Basic Life Support Certification Programs

To enroll in a BLS certification program you must comply with the following:

- A. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury or to assess signs and symptoms.
- B. Be clean and neat in appearance. Be a minimum of 16 years of age at the beginning date of this certification program. If less than 18 years of age, you must provide the course coordinator with a completed parental permission form with the signature of a parent or guardian verifying approval for enrollment in the course. If you are less than 18 years of age and are affiliated with an EMS or other public safety agency you must also provide the Course Coordinator with documentation from an Officer of the agency stating that you will be covered by agency insurance while attending the course. **(Students less than 18 years of age must obtain and complete a copy of the Student Permission Form from the course coordinator of the training program.)**
- C. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform appropriate patient care, physical assessments and treatments without the need for an assistant.
- D. If you are a foreign national, you must have secured a U.S. Government Student Visa.
  1. If you have not been issued a US Social Security Administration number (SSN), you must submit copies of your U.S. Government Student Visa together with your enrollment form.
- E. Hold current certification in an Office of EMS approved course in cardio-pulmonary resuscitation (CPR) at the beginning date of the certification program. This certification must also be current at the time of state testing.
- F. Not have been convicted or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in state EMS regulations as follows:
  1. Have never been convicted or found guilty of any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape.
  2. Have never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
  3. Have never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his care or protection in which the victim is a patient or is a resident of a health care facility.
  4. Have never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during that time.
  5. Have never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.
  6. Are not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.

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7. Have never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.
- G. All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.
- H. If you are enrolled in a BLS bridge program, you shall hold current Virginia certification at the prerequisite level.
- I. May not be under the influence of any drugs or intoxicating substances that impairs your ability to provide patient care or operate a motor vehicle while in class, or clinicals, while on duty or when responding or assisting in the care of a patient.

## Initial Advanced Life Support Certification Programs

To enroll in an ALS certification program you must comply with the following:

- A. Be a minimum of 18 years of age at the beginning date of the certification program.
- B. Hold current certification as an EMT or higher EMS certification level.
- C. Hold, at a minimum, a high school or general equivalency diploma.
- D. If in an ALS bridge certification program between certification levels, have completed the eligibility requirements for certification at the prerequisite lower ALS level at the beginning date of the ALS bridge certification program. The provider shall also become certified at the lower ALS certification level before certification testing for the higher level of the ALS bridge certification program.

**Acknowledgement** - I have not been convicted or found guilty of any felony or misdemeanor crime, offense or regulatory violation listed above nor participated in any other conduct which prohibits EMS course enrollment or certification. My signature below acknowledges that I have read and understand the prerequisites for course enrollment, and the listing of criminal convictions and/or misconduct that preclude individuals from EMS Certification in Virginia and verify that I am eligible for certification based upon the "Standards of Conduct" required by the Office of EMS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**THE MINIMUM AGE FOR BLS PROGRAMS IS 16 YEARS OF AGE AND THE MINIMUM AGE FOR  
ALS PROGRAMS IS 18 YEARS OF AGE AT THE START DATE OF COURSE**