

Spring (Due 10/31)

Summer (Due 3/31)

Fall (Due 6/30)

YEAR: _____



Application for ALS Training/Affiliation

Name:	E-Mail:
Phone:	Officer Code:
Last 4 of SSN:	TCC EmplID:
Address:	
Station/Shift:	Squad Cmdr./Captain:

Application For:

- Scholarship and Affiliation** (Funding—EMS members only)
(Not certified and starting or taking classes: the Department of EMS pays tuition/fees and field internship is completed with VBEMS)
- Affiliation Only** (Field Internship Only)
(Not certified and starting or taking classes: student pays tuition/fees and will complete field internship with VBEMS)
- Precepting for Release with VBEMS** (Certified ALS Provider)
(You are a certified ALS provider and want to begin precepting for release at your current level of certification with Virginia Beach; additionally, if you desire to advance your ALS certification as well, also check the appropriate scholarship and/or sponsorship box above)

Current Certification

- EMT Advanced EMT Intermediate Paramedic
 Released TEMS ALS Provider Date of TEMS Release:

Level of Certification at Which You are Released with the City of Virginia Beach

- EMT Advanced EMT Intermediate

Expected Date of Certification Testing (If Certified, Select "Certified")

Intermediate:

Paramedic:

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Instructions

- New Applicants
 - Complete all sections of the application
- Applicants wishing to continue scholarship/affiliation with Virginia Beach
 - Complete all sections of page 1
 - Complete Objective/Course section on page 2 (below) indicating what your objective is (starting/completing intermediate/paramedic) and which classes you will be taking during the upcoming semester
 - If applying for scholarship, complete the "Scholarship Only" section on page 3 for the upcoming semester
 - If you have obtained any new certifications since your last application, indicate the new expiration dates in the certifications section on page 3 and submit copies of your new certifications
 - With your application, submit a copy of your unofficial transcript (found in SIS) to show successful completion of previous EMS courses; if you are currently taking classes, you will receive conditional approval pending receipt of the unofficial transcript with final grades
 - Read and check the statements and sign the application on page 4.
 - Complete the Authorization for Release of Information on page 5. A notary does not have to be present for you to sign the release.
 - Complete all of page 6.
 - Approval from Squad Commander/Captain or Assistant Squad Commander is not needed for students who are continuing their ALS training/affiliation.

If Taking Classes, Check Objective You Are Applying to Take or Will Be Taking During the Next Semester:

Objective:

(1st Semester)

(2nd Semester)

(3rd Semester)

(4th Semester)

Completing Competencies

Scholarship Only (Funding From City) – If Applying for Affiliation Only, Skip to Next Section

For the semester for which I am applying, I am also requesting funding for:

Books

Platinum Planner

Paramedic National Registry Certification Exams (check if taking during upcoming semester only)

Other information:

1. Are you a Virginia resident for tax purposes?

Yes

No State of Residence:

2. Are you requesting financial aid or other financial assistance from another organization/agency?

Yes

No Organization/Agency:

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For Scholarship or Affiliation, Submit Copies of the Following:

Driver's License

TCC ID Card (Photo ID)

High School Diploma

Certifications – Submit Copies of All *Current* Certifications

(If certification expires, enter date of expiration;

if no expiration date, enter date of initial certification)

(If you do not have the certification or if it not current, leave the field blank)

Certification	Date	Certification	Date
Virginia EMT		ACLS	
National Registry EMT		PALS	
Virginia Enhanced		ITLS	
Virginia Advanced EMT		IS 100	
National Registry Advanced EMT		IS 200	
Virginia Intermediate		IS 700	
National Registry Intermediate		IS 800	
Virginia Paramedic		Hazardous Materials Awareness	
National Registry Paramedic		EVOC	
CPR		OSHA (Initial Course/Refresher)	

List all non-Virginia Beach EMS agencies with whom you have been or are now affiliated as an ALS provider (if applicable). Include agency name, address, and dates of affiliation.

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Authorization for Release of Information

To: Any Academic Dean, Registrar, Principal, Guidance Counselor, or authorized person at any school, college, university, business school, trade school, high school, or elementary school; Any local, state, or federal law enforcement agency, and any past or present employer.

I, , have applied to function as an ALS provider under the auspices of the City of Virginia Beach Emergency Response System. I hereby authorize and request the release of any or all information you have concerning me (including a transcript of any academic records), to a duly authorized representative of the Department of Emergency Medical Services upon presentation of this release or copy thereof.

Date of Birth:

School ID Number:

Officer Code:

Last 4 of SSN:

Address (Street, City, State, Zip):

Applicant Signature

Date

Witness Print (If Present)

Witness Signature (If Present)

Date

*****Notary Does Not Have to be Present*****

If Notary Present:

State of Virginia

City of Virginia Beach, to-wit:

I, _____, a Notary Public in and for the City and State aforesaid, do hereby certify that

_____, applicant, whose name is signed to the foregoing authorization has

acknowledged the same before me in my City and State aforesaid. _____ is

personally known to me and has produced _____ as identification.

Given under my hand this, the _____ day of _____, 2015.

Notary Public

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Approval from Squad Commander/Captain or Assistant Squad Commander

Applicants must have this page completed and signed by Squad Commander/Captain or Assistant Squad Commander prior to submitting the application.

I have reviewed and understand the ALS Training and Certification Policy, the EMS Duty Policy, and the Certification and Credentialing Policy with my Squad Commander/Captain or his/her designee. (Applicant needs to initial next to each policy to indicate review and understanding; Vbfd personnel do not need to review or initial next to policies.)

_____ ALS Training and Certification Policy [found HERE](#)

_____ EMS Duty Policy [found HERE](#)

_____ Certification and Credentialing Policy [found HERE](#)

Applicant:

Print Name

Signature

Date

Squad Commander/Captain or Assistant Squad Commander:

By signing below, the Squad Commander/Captain or Assistant Squad Commander verifies that the applicant is a member in good standing and he/she approves the applicant for consideration for scholarship /affiliation as an ALS student with the City of Virginia Beach and the signature also verifies that he/she has reviewed the above policies with the student or otherwise verifies the student has an adequate knowledge of these policies (Vbfd personnel are excluded the policy knowledge requirement).

Print Name

Signature

Date

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Applicant Agreement

I have reviewed the ALS Class Notice and understand the requirements. With submission of this application, I understand that, at time of application and continuing until all contract obligations are met, I must:

- Meet ALL Virginia Depart of Health, OEMS provider eligibility requirements as listed at [their website](#).
- Meet ALL TEMS regional ALS eligibility requirements as listed at [their website](#).
- Adhere to all DEMS policies. Applicants should specifically review the EMS Duty Policy, the ALS Training Policy, and the Certification and Credentialing Policy. The policies can be found at the [VBEMS department policy page](#).
- Have/maintain current CPR certification from an OEMS recognized program
- Have documented completion of all required DEMS training and updates
- Satisfy any and all defaulted contracts prior to application

Scholarship Only:

- Be an active operational member in good standing with the DEMS for the past 12 months at any of the following levels defined in the EMS Duty Policy: regular active volunteer, life active volunteer, senior active volunteer or tenured active volunteer and actively running shifts as a patient care provider
- Be released as an Attendant-in-Charge with the DEMS for the past 12 months

Taking Classes at TCC:

- I understand I must complete an application for each semester that I am seeking scholarship/sponsorship. If I withdraw from a class, I must immediately notify the ALS Training Coordinator.

I understand I am applying for scholarship/sponsorship/affiliation for the course(s)/certification level indicated at the beginning of this application. Should I change course or level of certification for which I am approved, I may be required to submit a new application. I do hereby certify that the statements on this application are true and accurate to the best of my knowledge. I do hereby acknowledge understanding of the requirements and obligations outlined in this application. I understand applying for scholarship, sponsorship, or affiliation does not automatically mean approval.

X

Applicant

You may digitally sign this application or print the completed application, sign it and submit it to the ALS Training Coordinator (Senior Paramedic Hollie Albertson at HALberts@vbgov.com) or bring/send the completed and signed application to EMS Headquarters.