



## 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)

**Paramedic Challenge by 3<sup>rd</sup>/4<sup>th</sup> Year Medical Students, Physician Assistants or Nurse Practitioners**

(You are currently a 3<sup>rd</sup>/4<sup>th</sup> year medical student, physician assistant or nurse practitioner and you wish to begin the process to take the Paramedic certification exams)

### Current Certification

EMT      EMT-Enhanced      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      EMT-Enhanced      Advanced EMT      Intermediate

### Expected Date of Certification Testing (If Certified, Type "Certified")

Intermediate:

Paramedic:

**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; you do not need to resubmit copies of certifications you have already submitted
  - 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
  - You do not need to resubmit copies of your driver's license, diploma, or TCC ID
  - Complete the Authorization for Release of Information on page 4; 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 needed for every semester

**If Taking Classes, Check Objective and Course(s) You Are Applying to Take or Will Be Taking During the Next Semester:**

**Objective:**

Starting Intermediate (1<sup>st</sup> Semester)

Completing Intermediate (2<sup>nd</sup> Semester)

Starting Paramedic (3<sup>rd</sup> or 4<sup>th</sup> Semester)

Completing Paramedic (3<sup>rd</sup> or 4<sup>th</sup> Semester)

**Course(s):**

First Semester (Starting Intermediate)

EMS 151

EMS 153

EMS 155

EMS 170

Continuing to Second Semester (Completing Intermediate)

EMS 157

EMS 159

EMS 172

EMS 173

Third Semester (Paramedic; Pathophysiology, Others)

EMS 201

EMS 205

EMS 207

EMS 242

EMS 243

Fourth Semester (Paramedic; Pharmacology, Others)

EMS 209

EMS 211

EMS 244

EMS 245

Completing Competencies

EMS 240

Spring (Due 10/31)

Summer (Due 3/31)

Fall (Due 6/30)

Year:

**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

Intermediate Certification Exams (check if taking during upcoming semester only)

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:

**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)**

<b>Certification</b>	<b>Date</b>	<b>Certification</b>	<b>Date</b>
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.

Spring (Due 10/31)

Summer (Due 3/31)

Fall (Due 6/30)

Year:

**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

Spring (Due 10/31)

Summer (Due 3/31)

Fall (Due 6/30)

Year:

**Approval from Squad Commander/Captain or Assistant Squad Commander**

All 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

[https://www.vbems.com/download/policies/training\\_policies/TRAIN-ALS\\_Training\\_Policy.pdf](https://www.vbems.com/download/policies/training_policies/TRAIN-ALS_Training_Policy.pdf)

\_\_\_\_\_ EMS Duty Policy

<https://www.vbems.com/download/policies/operations/OPS-EMS-Duty-Policy.pdf>

\_\_\_\_\_ Certification and Credentialing Policy

[https://www.vbems.com/download/policies/training\\_policies/TRAIN-Certification-and-Credentialing-Policy.pdf](https://www.vbems.com/download/policies/training_policies/TRAIN-Certification-and-Credentialing-Policy.pdf)

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

**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 <https://law.lis.virginia.gov/admincode/title12/agency5/chapter31/section900/>

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 <https://www.vbems.com/providers/department-policies/>.

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

You may digitally sign this application or print the completed application, sign it and submit it to the ALS Training Coordinator (EMSALSCoordinator@vb.gov.com) or bring/send the completed and signed application to:

EMS Training Department  
4160 Virginia Beach Blvd  
Virginia Beach VA 23455