The Loudoun County
Emergency Medical Services Council, Inc.
Office of the Medical Director

16600 Courage Court
Leesburg, Virginia 20175

John I. Morgan, MD
Leo C. Kelly, PA
Jay J. Brown, EMT/P
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New Locally Authorized EMS Provider Form
Form A

Name _____
As appears with OEMS (Print name)

Agency(s) of Affiliation _____

Email Address _____

Home Address _____

OEMS Certification Number _____ Exp Date ___/ /_____

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Candidate Requirements Checklist

1. Hold current American Heart Association BLS Health Care Provider CPR certification. Exp date_____
2. Hold current Loudoun County EMS Council, Inc. AED/Combitube/ResQPod certification. Exp date____
3. Have passed a written Loudoun County BLS Protocols test. _____ Glucometer Training_____
4. Have passed a written and practical Loudoun County EMT-B Examination. _____
5. Have completed HazMat Awareness/Operations Course. _____
6. Have completed Blood Borne Pathogens Class. _____

Chief's Name (Print)	Date	Chief's Signature
I certify that this provider has completed the above requirements and may NOT operate as a lone EMT-B AIC in the back of an ambulance.		

Once the new provider has satisfied basic course requirements this form should be sent by courier ATTN: BLS Chair to the Loudoun County Training Center. Non-AIC EMT-B status may be recommended by Affiliate Agency Chief.

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BLS Committee Reviewed / Sign and date_____
White Border Card_____

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