16600 Courage Court
Leesburg, Virginia 20175

The Loudoun County Emergency Medical Services Council, Inc.

Office of the Medical Director

John I. Morgan, MD
Leo C. Kelly, PA
Jay J. Brown, EMT/P
Linda M. Hale, EMT/P

First Responder
Form C

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 certification. Exp date ____
3. Have completed Blood Borne Pathogens Class. _____
4. Have attended a Loudoun County BLS Protocols Class._____
5. Have completed HazMat Awareness/Operations Course._____

Chief's Name (Print)	Date	Chief's Signature
First Responder – Cannot operate in ambulance as lone provider		

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.

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BLS Committee Reviewed / Sign and date_____

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