16600 Courage Court
Leesburg, Virginia 20175

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

The Loudoun County Emergency Medical Services Council, Inc.

Office of the Medical Director

Authorized AIC EMS Provider Release Form

FORM B

Name _____
As appears with OEMS (Print name)

Agency(s) of Affiliation _____

Email Address _____

Home Address _____

OEMS Certification Number _____ Exp Date ___/___/_____

****

This form will be processed through the BLS Committee and then forwarded to the OMD for approval. Forms may be sent via county courier (Attn: BLS Chair) or a scanned copy may be emailed to BLS chair (BLSCHAIR@loudoun.gov). The BLS Committee meets the first Tuesday of every month. Forms must be received one week before the BLS Committee meeting. The Chiefs will be notified of the AIC approval within two weeks of the monthly BLS Committee meeting.

****

Candidate Requirements Checklist

1. Has successfully submitted Locally Authorized Provider Form A. _____
2. Precepting has been completed to the satisfaction of the Chief. _____

Chief's Name (Print)	Date	Chief's Signature
I certify that this provider has completed the above requirements and may operate as a lone EMT-B AIC in the back of an ambulance.		

****

BLS Committee Reviewed / Sign and date_____
Green Border Card_____

****

Appendix “L”