



COURSE APPROVAL REQUEST FORM

109 Governor Street
Madison Bldg., Suite UB-55
Richmond, Virginia 23219
1-800-523-6019 (VA only)
804-864-7600

TYPE OF PROGRAM: (CHECK ONE APPROPRIATE BOX)

- First Responder Basic, First Responder Refresher, First Responder Required Topics, EMT - Basic, EMT - Refresher, EMT - Required Topics, *BLS CE Program, *Other, Shock Trauma Basic, S-T Bridge to EMT-C, EMT-Cardiac - Basic, EMT-Intermediate - Bridge to Paramedic, RN Bridge to Paramedic, Paramedic - Basic, *ALS CE Program, EMT-Enhanced Basic, EMT-E Bridge to EMT-I, EMT-Intermediate Basic

* Attach course outline listing subject "AREA" and lesson length for custom CE programs not using standard OEMS CE Modules.

COURSE COORDINATOR INFORMATION - PRINT

NAME: CERT #: ADDRESS: CITY: ST: ZIP: PHONE #: HOME: BUSINESS: OTHER: NAME OF ASSISTING INSTRUCTOR AUTHORIZED TO RECEIVE COURSE INFORMATION:

PROGRAM LOCATION - PRINT

Facility: FACILITY ADDRESS: BLDG/ROOM: CITY: ST: ZIP: STATE USE ONLY FIPS FOR INFORMATION STUDENTS CAN CALL:

PROGRAM INFORMATION -

MAXIMUM NUMBER OF STUDENTS: PROGRAM LENGTH: (HOURS) OPEN / CLOSED: TOTAL CE HOURS REQUESTED: BEGIN DATE: END DATE:

DAYS COURSE MEETS: 30 DAYS ADVANCE NOTICE OF PLANNED COURSE IS REQUIRED TO INSURE DELIVERY OF MATERIALS EXAM SITE REGISTRATION MUST BE CONFIRMED WITH THE LOCAL REGIONAL COUNCIL OFFICE. REIMBURSEMENT REQUESTED? YES NO IF REQUESTED, A SIGNED CONTRACT IS REQUIRED AND A STUDENT FEE FORM IS REQUIRED FOR BLS COURSES. TIME CLASS MEETS: START TIME: END TIME:

CLASSROOM LOCATION:

NOTE - THIS ORIGINAL FORM MUST BE SUBMITTED TO OEMS - FAXES ARE NOT ACCEPTABLE

OMD / PCD SIGNATURE: OMD / PCD #: APPROVED MEDICAL DIRECTOR'S SIGNATURE IS REQUIRED FOR ALL OEMS CERTIFICATION COURSES AND ALL COURSES AWARDDING CATEGORY 1(REQUIRED) TOPICS.

COURSE COORDINATOR: DATE:

OFFICE OF EMS USE ONLY: Course #: Topic: Approved: Date:

OFFICE OF EMS USE ONLY:

Course #: _____	Topic: _____
Subject: _____	
EMS Notified Date: _____	Reimbursement Requested: _____
	Reimbursement Approved: _____
Office Approval: _____	Date: _____

COMMONWEALTH OF VIRGINIA
Contract for Basic Life Support Course Coordination

This CONTRACT entered into this _____ day of _____, _____ by _____ hereafter called the "CONTRACTOR" and the Office of Emergency Medical Services, hereinafter called the "PURCHASING AGENCY".

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of promises and of the mutual covenants, consideration and agreements herein contained, agree as follows:

SCOPE OF SERVICES: The Contractor shall provide the Purchasing Agency with the services required by 12VAC5 (Chapter 30 or 31 as applicable) of state regulations and Office of EMS policies for the position of EMT-Instructor/BLS Course Coordinator. The contracted course as specified in Office of EMS policy shall be conducted for the designated number of hours based upon a standard rate of \$20.00 per hour or on a prorated basis determined by course enrollment levels. The Contractor shall coordinate student scheduling and registration for Consolidated Test Sites made available by the Purchasing Agency.

SELF EMPLOYMENT: The Contractor will perform as an independent contractor, is self-employed, and therefore is responsible for payment of any and all taxes to which he or she may be subject and will accrue no benefits from the State.

SUPPLEMENTAL PAYMENTS OR FEES: The Contractor must disclose any supplemental payments or reimbursement received and any tuition, enrollment or institutional fees charged students for taking the course. The amount of these payments or fees may be reason for denial of reimbursement payment.

SUPPLEMENTAL PAYMENT HAS BEEN ARRANGED TO BE PROVIDED BY THE:

IN THE TOTAL AMOUNT OF: \$ _____

STUDENT COURSE FEES ARE BEING CHARGED IN THE AMOUNT OF: \$ _____ per student.

DISPUTES: Disputes arising under this Contract will be governed by the provisions of Chapter 11 of the Agency Procurement and Surplus Property Manual, DGS, September 1998. (Including all revisions current at time of contract acceptance.)

HOLD HARMLESS: The Contractor agrees to indemnify, defend, and hold harmless the Commonwealth of Virginia, its officers, agents and employees from any claims, damages and actions or any kind or nature, whether at law or non-performance under this Contract.

TERMINATION: This Contract may be canceled by either party by giving a thirty (30) day written notice to the other, or this Contract shall be canceled automatically in the event sufficient funds are not appropriated for the purpose of continuation of this agreement or if the Contractor is found to be in violation of state regulations governing the conduct of the contracted course.

IN WITNESS THEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

Contractor:
 BY: _____

Purchasing Agent:
 BY: Gregory S. Neiman

SIGNED: _____

SIGNED: _____

DATE: _____

DATE: _____