

Virginia Office of Emergency Medical Services Nasal Naloxone for EMS Agencies E-Gift Operational Medical Director (OMD) User Guide

All licensed EMS agencies applying for a Virginia Office of Emergency Medical Services

Nasal Naloxone for EMS Agencies grant are required to have an E-Signature from their agency OMD. Under Virginia EMS Regulations, 12VAC5-31-590, *An EMS agency shall have a minimum of one operational medical director (OMD) who is a licensed physician holding endorsement as an EMS physician from the Office of EMS.*

All OMD's have accounts already established with the Office of EMS. OMD's are required to use their existing account to log into E-Gift. The agencies in your region that will be applying for Virginia Office of Emergency Medical Services Nasal Naloxone for EMS Agencies grants will need your E-Signature.

1. You must have an account on the EMS Portal. If you have not yet set up your account, please use the EMS Physician (OMD) Portal User Guide v1 link <https://www.vdh.virginia.gov/OEMS/MedicalDirectors/OMDPortalUserGuidev1.pdf> to assist you in setting up your account and familiarize you with all the components of this system.
2. Once an agency submits an application you, as the agency OMD, will receive an email similar to the one below, make sure your email address is correct in the EMS Portal to receive this email:

The Virginia Office of Emergency Medical Services (OEMS) has received a grant application for *AGENCY NAME*. This grant application cannot be processed until your electronic signature has been received.

Please [Click here](#) here to log in with your Username "999999999" to complete this portion of the application process.

Please [Click here](#) here if you want to reset your password.

If you need assistance signing the grant, view the OMD User Guide at [User Guide](#). For technical assistance contact OEMS-AppSupport@vdh.virginia.gov. If you have not established your EMS Portal account please use the EMS Physician (OMD) Portal User Guide v1 to get started [User Guide](#).

PLEASE DO NOT REPLY TO THIS MESSAGE: *This is a system-generated email. Replies will not be read or forwarded for handling.* (Message ID#)

Your user name your OMD provider number (only use numbers)

If you need your password reset, please select the RESET PASSWORD

3. Upon receipt of this email click the link included in the text of the email and log into the E-Gift application using the credentials provided in the email. If you did not receive an email, you can log on to EGIFT by going the following link: <https://vdhems.vdh.virginia.gov/emsapps/f?p=147>

Existing Users

username

.....

Sign In

Reset Password

Once you have successfully logged into the system your home screen will display as follows:

EMS-Grant Information Funding Tool (E-Gift) Kevin Broyles

Home

You have been identified as the Agency Operational Medical Director (OMD) for the grant(s) listed below. Please review the information in the grant application in full and provide your e-signature. If you chose to deny the grant your comments will be submitted to the Authorized Agent for review and/or correction.

Grant Applications waiting for your e-signature

Year	Grant cycle	Grant Type	Agency Name	Review Status	Reviewer Type	Comments
2016	December	Standard	BLUE RIDGE VOLUNTEER FIRE DEPARTMENT & RESCUE SQUAD	Pending	Operational Medical Director	Review Grant

4. Select the REVIEW GRANT icon and a summary of the grant application will appear.

BLUE RIDGE VOLUNTEER FIRE DEPARTMENT & RESCUE SQUAD

Organization Information Vehicle Information Financial Information Requested Items Additional Information Summary

Alert
 Your agency's application will not be accepted by the Virginia Office of Emergency Medical Services (OEMS) until all electronic signature confirmations have been received by the grant deadline. The electronic signature confirmations must be received by your agency's Authorized Agent, Financial Officer and Agency Operational Medical Director (OMD).

Organization Information

EMS Agency No Yes

Organization Name: BLUE RIDGE VOLUNTEER FIRE DEPARTMENT & RESCUE SQUAD

Address Line1: PO BOX 310

Address Line2:

5. Review the grant application and:

- **Enter REVIEWER COMMENTS if the applying agency answered no to having a controlled substance registration (CSR).**
 - **You as the OMD must answer the following questions (if no CSR)**
 1. **Do you have an issue with shipping naloxone to this agency?**
 2. **Please specify an address for shipment.**
 3. **Please supply your Drug Enforcement Agency (DEA) number.**

Comments by Financial officer, OMD, OEMS

Reviewer Comments

Comments History

No comments found.

AGENCY OPERATIONAL MEDICAL DIRECTOR: By submitting your electronic signature, the Authorized Agent and Financial Officer have been designated by the agency/organization to complete and submit a grant request on its behalf. The agency/organization agrees to comply with the Rules and Regulations Governing Financial Assistance for Emergency Medical Services for Rescue Squad Assistance Fund requests. In addition, the Authorized Agent and Financial Officer attest to the agency's or organization's ability to provide the matching funds (if required) to complete the purchase of the requested item(s), should they be awarded state funds. The Authorized Agent and Financial Officer are aware that vehicles and equipment purchased with state monies must be purchased without any financial liens and without the item being used as collateral to secure a loan of any kind. The Authorized Agent and Financial Officer attest to the fact that the Agency(s) that are affected by the possible outcome of this grant request, have been notified and agree to its submission. The Authorized Agent and Financial Officer attest that to the best of his/her knowledge, the information contained herein with regard to the agency's financial condition is true, accurate and correctly reflects the financial condition of the agency/organization. The OMD electronic signature is required for all grants. This electronic signature must be received by the grant deadline date with the electronic signatures from the Authorized Agent, Fiscal Officer and Agency Operational Medical Director (OMD).

Signature *



Approve

Deny

Print Application

- Select the check box for the OMD
- Type your name in the SIGNATURE box

You may then APPROVE, DENY and/or PRINT APPLICATION. Please PRINT APPLICATION prior to approving/denying grant application, this grant application can not be edited by the financial officer. Once you APPROVE the application, the complete application will then be submitted to OEMS.

NOTE: If you deny the grant application, the authorized agent will be contacted, they will need to correct the application and the application will then need to go through the entire approval process again before accepted by OEMS.