

# ALS Course Student Information Package

Virginia Office of EMS  
Division of Educational Development  
1041 Technology Park Drive  
Glen Allen, VA 23059

804-888-9120

Enclosed are documents containing information about the EMS program you are about to attend. You will be asked to verify that you have reviewed the information with the Course Coordinator, have had your questions answered and understand the information contained herein by signing this cover form **and individual documents enclosed**.

My signature below indicates that the specific section listed below for the Emergency Medical Technician-Enhanced, Intermediate and/or Paramedic program has been read to me. Further, my signature indicates that I read the contents of the specific section for the Emergency Medical Technician-Enhanced, Intermediate and/or Paramedic program and understand the information contained in that section.

Student Name  
(printed)

**Part I Introduction**

**Part II Prerequisites for EMS Training Programs, Criminal History and Standards of Conduct**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date of Birth – Minimum 18 YO

Signature for this item indicates that I was also provided a duplicate copy of this form.

**Part III Class Rules**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Part IV Expectations for Successful Completion of the Program**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Part V Course Fees**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Part VI Requirements for State and/or National Registry Testing**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Part VII Americans with Disabilities Act**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Part VIII Course Schedule**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed