

BLS 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 Responder/First Responder or Emergency Medical Technician program has been read to me. Further, my signature indicates that I read the contents of the specific section for the Emergency Medical Responder/First Responder or Emergency Medical Technician 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 16 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