Initial Basic Life Support Certification Programs

To enroll in a BLS certification program you must comply with the following:

A. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury or to assess signs and symptoms.

B. Be clean and neat in appearance. Be a minimum of 16 years of age at the beginning date of this certification program. If less than 18 years of age, you must provide the course coordinator with a completed parental permission form with the signature of a parent or guardian verifying approval for enrollment in the course. If you are less than 18 years of age and are affiliated with an EMS or other public safety agency you must also provide the Course Coordinator with documentation from an Officer of the agency stating that you will be covered by agency insurance while attending the course. (Students less than 18 years of age must obtain and complete a copy of the Student Permission Form from the course coordinator of the training program.)

C. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform appropriate patient care, physical assessments and treatments without the need for an assistant.

D. If you are a foreign national, you must have secured a U.S. Government Student Visa.
   1. If you have not been issued a US Social Security Administration number (SSN), you must submit copies of your U.S. Government Student Visa together with your enrollment form.

E. Hold current certification in an Office of EMS approved course in cardio-pulmonary resuscitation (CPR) at the beginning date of the certification program. This certification must also be current at the time of state testing.

F. Not have been convicted or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in state EMS regulations as follows:
   1. Have never been convicted or found guilty of any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape.
   2. Have never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
   3. Have never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his care or protection in which the victim is a patient or is a resident of a health care facility.
   4. Have never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during that time.
   5. Have never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.
   6. Are not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.
7. Have never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

G. All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.

H. If you are enrolled in a BLS bridge program, you shall hold current Virginia certification at the prerequisite level.

I. May not be under the influence of any drugs or intoxicating substances that impairs your ability to provide patient care or operate a motor vehicle while in class, or clinicals, while on duty or when responding or assisting in the care of a patient.

Initial Advanced Life Support Certification Programs

To enroll in an ALS certification program you must comply with the following:

A. Be a minimum of 18 years of age at the beginning date of the certification program.

B. Hold current certification as an EMT or higher EMS certification level.

C. Hold, at a minimum, a high school or general equivalency diploma.

D. If in an ALS bridge certification program between certification levels, have completed the eligibility requirements for certification at the prerequisite lower ALS level at the beginning date of the ALS bridge certification program. The provider shall also become certified at the lower ALS certification level before certification testing for the higher level of the ALS bridge certification program.

Acknowledgement - I have not been convicted or found guilty of any felony or misdemeanor crime, offense or regulatory violation listed above nor participated in any other conduct which prohibits EMS course enrollment or certification. My signature below acknowledges that I have read and understand the prerequisites for course enrollment, and the listing of criminal convictions and/or misconduct that preclude individuals from EMS Certification in Virginia and verify that I am eligible for certification based upon the “Standards of Conduct” required by the Office of EMS.

Signed: ___________________________ Date: __________

Print Name: ___________________________ Date of Birth: _____/_____/_____