



Central Shenandoah Emergency Medical Services Council

2312 West Beverley Street, Staunton, VA 24401 (540) 886-3676 (800) 868-5646 FAX (540) 886-3735

www.csems.vaems.org Email: csems@vaems.org

ALS Provider Release Form

EMS Certification Level (check one):

EMT-E EMT-I EMT-P

Section-1: PROVIDER INFORMATION

Complete the following information. If you hold more than two CSEMS Council EMS agency affiliations, check the appropriate box and list additional agencies and officer names on the back of the form.

Last Name	First Name	MI	Certification Number	Expires
Street Address			Phone	
City	State	Zip	E-mail	
Primary Agency			Primary Agency Operational Officer	
Secondary Agency			Secondary Agency Operational Officer	
<input type="checkbox"/> Additional affiliations listed on back of form.				

Section-2 WRITTEN EXAMINATION RESULTS

The following section will be completed by the CSEMS Council representative.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exam 1 Date	Result	Exam 2 Date	Result	Exam 3 Date	Result

Section-3 PRACTICAL EXAMINATION RESULTS

OPTION 1 – AGENCY BASED

Examinations conducted by agency with oversight of the agency Operational Medical Director. [Complete by agency representative]

AFFIRMATION: The above-named EMS provider has successfully completed practical examinations conducted with the oversight of the agency Operational Medical Director.

Signature _____ Date _____

Printed Name _____

Title _____

OPTION 2 – CSEMS-BASED

Practical examinations conducted by the CSEMS Council. [Complete by CSEMS Council representative]

Exam #1	Date	P/F
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Exam #2	Date	P/F
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Exam #3	Date	P/F
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Note: If Section 3, Option 1 is used, the testing may be conducted either before or after the written examination. If testing is conducted after the written examination, return the form to: CSEMS Council, 2312 W. Beverley St., Staunton, VA 24401.

CSEMS Council Statement: The above-named ALS provider has successfully completed written and practical examinations and is in good standing for practice in the Central Shenandoah EMS Council region. The provider may be subject to additional testing or mentoring at EMS agencies for which affiliation is held before being released to practice.

CSEMS Council Representative Signature _____ Printed Name _____ Date _____