Central Virginia
COMMUNITY COLLEGE

# Advanced Life Support EMS Program Application 2026-2028

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EMS-Paramedic Program Director
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For more information, visit:
Central Virginia Community College EMS Programs

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# Welcome to the CVCC EMS Advanced Life Support Programs

Thank you for your interest in the Emergency Medical Services (EMS) Advanced Life Support programs at Central Virginia Community College (CVCC). Our Advanced EMT and Paramedic programs prepare clinicians to provide advanced prehospital care and meet or exceed the standards established by the Virginia Office of EMS and the National Registry of Emergency Medical Technicians (NREMT).

The CVCC EMS programs are designed to provide flexible pathways for students seeking to advance their careers in emergency medical services.

**Program Highlights**

- **Multiple Entry Points** – Students may enter the Program based on their current certification level or healthcare experience, allowing progression from EMT to Advanced EMT and Paramedic.
- **Credit and Workforce Pathways** – Students may pursue training through traditional academic programs such as the Advanced EMT Career Studies Certificate (CSC) or the EMS–Paramedic Specialization Associate of Applied Science (AAS), or through certification-based training offered through the college's Workforce Development and FastForward programs.
- **Regional Partnerships** – CVCC works closely with regional EMS partners, including the Region 2 EMS Council, Virginia Western Community College, and New River Community College, to provide high-quality clinical and field training opportunities.

EMS education requires dedication, discipline, and a significant time commitment. Students will complete online coursework, laboratory training, and clinical and field rotations. The faculty and staff of the CVCC EMS programs are committed to supporting student success, and we expect students to demonstrate the same level of commitment and professionalism.

Enrollment in the Program is limited and based on specific admission criteria. Applicants must hold a current Virginia EMT certification and a CPR certification approved by the Virginia Office of EMS. Copies of these certifications, along with a copy of a valid driver's license, should be submitted with the program application.

If you have questions regarding the application process or program requirements, please contact:

**Joseph M. Greer**
EMS–Paramedic Program Director
Central Virginia Community College
Phone: 434-832-7825
Email: GreerJ@centralvirginia.edu

**Sincerely,**
The CVCC EMS Team

# EMS Program Overview

Central Virginia Community College (CVCC) offers Emergency Medical Services (EMS) programs designed to prepare students for careers in prehospital emergency care. These programs provide the knowledge, skills, and clinical experience necessary to deliver advanced life support care and meet the certification requirements established by the Virginia Office of EMS and the National Registry of Emergency Medical Technicians (NREMT).

CVCC offers multiple educational pathways to help students advance their careers in EMS while meeting the needs of the regional healthcare and public safety workforce. Students may enroll through either credit-based academic programs or Workforce Development training programs depending on their educational goals.

## Credit Programs (Academic Pathway)

CVCC offers several Advanced Life Support academic programs that allow students to progress through EMS education and prepare for paramedic certification and degree completion. These programs allow students to enter at different levels depending on their previous certification and may be completed individually or as part of the EMS–Paramedic AAS degree pathway.

### Advanced Emergency Medical Technician (AEMT), Career Studies Certificate (CSC)

The Advanced Emergency Medical Technician program builds upon the foundational skills of the Emergency Medical Technician (EMT) and prepares students to perform advanced patient care interventions in the prehospital environment. The Program includes classroom instruction, laboratory training, and clinical experiences.

Students who successfully complete all program requirements, including clinical competencies and program capstone evaluations, may be eligible to apply for Virginia Advanced EMT certification and the National Registry Advanced EMT (NREMT-AEMT) examination.

### Advanced Placement Bridge to Paramedic, Career Studies Certificate (CSC)

The Advanced Placement Bridge to Paramedic certificate is designed for individuals who already hold advanced EMS or healthcare credentials and are seeking entry into paramedic-level education. This Program provides a structured pathway that prepares students for advanced paramedic coursework and clinical training.

Students who successfully complete all program requirements, including clinical competencies and program capstone evaluations, may be eligible to apply for Virginia Paramedic certification and the National Registry Paramedic (NREMT-P) examination.

### Emergency Medical Services – Paramedic, Associate of Applied Science (AAS)

The EMS–Paramedic Associate of Applied Science degree provides comprehensive education and training in advanced emergency medical care. Students complete classroom instruction, laboratory skills training, hospital clinical rotations, and field internship experiences with EMS agencies.

Students who successfully complete all program requirements, including clinical competencies and program capstone evaluations, may be eligible to apply for Virginia Paramedic certification and the National Registry Paramedic (NREMT-P) examination.

## Workforce Development Programs

CVCC also offers EMS training opportunities through the college's Workforce Development and FastForward programs. These certification-based programs provide an additional pathway for individuals seeking Advanced EMT or Paramedic training.

Workforce programs follow the same education standards established by the Virginia Office of EMS and the National Registry of Emergency Medical Technicians and prepare students to obtain state and national certification.

# Before You Apply – Minimum Requirements

Before submitting an application to the Advanced Life Support EMS programs at Central Virginia Community College, applicants must meet the following minimum requirements.

## Basic Eligibility

All Applicants applying for the CVCC EMS Paramedic Program must:

- Be at least 18 years of age before the start of the Program
- High school diploma or GED
- Hold a current Virginia Emergency Medical Technician (EMT) certification
- Hold a current CPR certification for Healthcare Providers approved by the Virginia Office of EMS
- Possess a valid government-issued photo identification
- Be able to meet the physical and cognitive requirements necessary to perform the duties of an EMS provider

## Criminal History and Certification Eligibility

Applicants should be aware that certain criminal convictions or enforcement actions may affect an individual's ability to obtain EMS certification in the Commonwealth of Virginia. Eligibility for certification is determined by the Virginia Office of Emergency Medical Services (OEMS) in accordance with Virginia Administrative Code 12VAC5-31-910. Individuals with a criminal history or prior enforcement actions are encouraged to review these regulations and contact the Virginia Office of EMS with any questions regarding their eligibility before applying to the Program. Acceptance into or completion of an EMS program at Central Virginia Community College does not guarantee eligibility for state certification.

## Additional Program Requirements

- Background Checks
- Drug Screening
- Immunization
- TB Screening
- N95 Respirator Test

# Section 1 Credit Application

Only Applical to studnets enrolling into the credit courses.

# Advanced Life Support Programs Checklist Credit Program

☐ Prerequisite
- Students must be 18 years of age by the 1st day of class.
- Must possess a high school diploma or GED.
- Students must have a current BLS CPR certification approved by the Virginia Office of Emergency Medical Services.
- Students must have a current Virginia EMT or higher certification card.
- Students may not have been convicted of any disqualifying crime as mandated by the Virginia Office of EMS. If yes, please contact the Program Director for additional guidance.

☐ Apply to College :
- Apply Online for CVCC (Choose Paramedic as your Program of study/degree). If at NRC or VWCC, you will need to apply there as well.
- Financial Aid and Scholarships: The starting point for many grants and scholarships is completing the Free Application for Federal Student Aid (FAFSA). You can complete the FAFSA by visiting the Federal Student Aid FAFSA Application website.

☐ Meet with Academic Counselor/Navigator:
- All new students are required to meet with an Academic Counselor and/or College Navigator prior to course enrollment. Please contact our Advising Center to schedule an appointment.
  - Advising Services CVCC: (434) 832-7800
  - Advising Services NRCC : (540) 674-3609 Dublin, or (540) 674-3610 Christiansburg
  - Advising Services VWCC : (855) 874-6690

☐ Complete Program Application:
- All applicants are required to meet with the Program Specialist or Program Director to review the application packet and submit all required documentation. If you have questions about the application process or need assistance completing the packet, please schedule a meeting for guidance.

☐ Submit copies of the following:
- Virginia EMS Certification
  - Download a PDF copy of your EMS certification from the Virginia Provider Portal.
- Basic Life Support Certification
  - Download a PDF copy of your Basic Life Support CPR Provider Card
    - Must Remain Current throughout the Program
- Submit Official High School Transcripts to CVCC
  - Many schools use online transcript request services
    - Parchment
    - Need My Transcripts
  - Your high school or local school division

☐ Submit Immunization Records (Birth to Present)
- Provide a complete copy of your immunization records from birth to the present. Immunization records must be submitted in PDF format or provided in person during your application review. Records may be obtained from one of the following sources:
  - Your primary care physician or healthcare provider
  - The Virginia Department of Health MyIR Portal, where you can create an account and request your immunization records
  - Your high school, as immunization records are sometimes included with high school transcripts
  - If you grew up outside of Virginia, your state Department of Health may provide a similar immunization record system

☐ Application Packet Documents:
- ALS EMS Program Student Information
- Questionnaire
- CVCC Statement on Immunizations
- CVCC Waiver of Liability and Assumption of Risk
- CVCC Photo Release Form
- CVCC Student Clinical Badge Form
- ALS Program Immunization Record (This is in addition to your shot records)

☐ TB Test
- Annual TB
  - Students are required to complete TB screening each year while enrolled in the Program. Screening:
    - Initial TB Screening:
      - Your first TB screening must be either a 2-Step TB skin test or a QuantiFERON-TB Gold blood test.
    - Second Year Students
      - Second-year students must complete their annual TB screening in May prior to the start of the next academic year to remain eligible for clinical placements.

☐ Flu Shot
- All sites require you to get a flu shot or complete the Flu Exemption.

☐ COVID-19 Vaccine
- Proof of COVID-19 vaccine or Religious Exemption

☐ Program Uniform
- The required program uniform polo shirt must be purchased through the college Bookstore.
  - The cost of the polo shirt may be covered by financial aid.
- Uniform pants and boots are not covered by financial aid and must be purchased separately by the student.

☐ Fingerprint Background Check
- Fingerprinting is completed through FieldPrint Virginia.
- Schedule your fingerprint appointment after the first day of class.
- When completing the FieldPrint registration form, enter Joseph Greer F102000902 as the Course Coordinator

☐ Students will receive a clinical requirements packet from the region where they will complete their clinical and field training.

Please let us know if you have any questions!

**EMS Program Contact Information:**

**Joseph Greer**
Public Safety Programs Head, Professional & Career Studies
Phone**:** 434-832-7298
GreerJ@centralvirginia.edu

# Credit Program Application Process

Applicants interested in the Advanced Life Support EMS credit programs at Central Virginia Community College should follow the steps below to complete the application process.

## Step 1 – Apply to the College

Students applying to a credit-based program must first complete the CVCC college application and be admitted to the college.

## Step 2 – Complete the EMS Program Application

Applicants must complete the EMS Program Application and begin gathering the required documents listed in the Application Checklist.

## Step 3 – Meet With the Program Specialist or Program Director

All applicants are required to schedule a meeting with the Program Specialist or Program Director to review their application packet and submit all required documentation. This meeting ensures that all program requirements are met prior to enrollment.

## Step 4 – Submit Required Documentation

Applicants must submit all required documents listed in the Application Checklist, including certifications, transcripts, and immunization records.

## Step 5 – Program Review and Enrollment

Once all required documents have been received and reviewed, applicants will be notified regarding the next steps for enrollment in the Program.

# Section 2 Workforce Application

This setion is only applical to students entering a workforce program.

# Advanced Life Support Programs Checklist Workforce Program

☐ Prerequisite
- Students must be 18 years of age by the 1st day of class.
- Must possess a high school diploma or GED.
- Students must have a current BLS CPR certification approved by the Virginia Office of Emergency Medical Services.
- Students must have a current Virginia EMT or higher certification card.
- Students may not have been convicted of any disqualifying crime as mandated by the Virginia Office of EMS. If yes, please contact the Program Director for additional guidance.

☐ Complete Program Application:
- All applicants are required to meet with the Program Specialist or Program Director to review the application packet and submit all required documentation. If you have questions about the application process or need assistance completing the packet, please schedule a meeting for guidance.

☐ Submit copies of the following:
- Virginia EMS Certification
  - Download a PDF copy of your EMS certification from the Virginia Provider Portal.
- Basic Life Support Certification
  - Download a PDF copy of your Basic Life Support CPR Provider Card
    - Must Remain Current throughout the Program
- Submit Official High School Transcripts to CVCC
  - Many schools use online transcript request services
    - Parchment
    - Need My Transcripts
  - Your high school or local school division

☐ Submit Immunization Records (Birth to Present)
- Provide a complete copy of your immunization records from birth to the present. Immunization records must be submitted in PDF format or provided in person during your application review. Records may be obtained from one of the following sources:
  - Your primary care physician or healthcare provider
  - The Virginia Department of Health MyIR Portal, where you can create an account and request your immunization records
  - Your high school, as immunization records are sometimes included with high school transcripts
  - If you grew up outside of Virginia, your state Department of Health may provide a similar immunization record system

☐ Application Packet Documents:
- ALS EMS Program Student Information
- Questionnaire
- CVCC Statement on Immunizations
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- CVCC Photo Release Form
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- ALS Program Immunization Record (This is in addition to your shot records)

☐ TB Test
- Annual TB
  - Students are required to complete TB screening each year while enrolled in the Program. Screening:
    - Initial TB Screening:
      - Your first TB screening must be either a 2-Step TB skin test or a QuantiFERON-TB Gold blood test.
    - Second Year Students
      - Second-year students must complete their annual TB screening in May prior to the start of the next academic year to remain eligible for clinical placements.

☐ Flu Shot
- All sites require you to get a flu shot or complete the Flu Exemption.

☐ COVID-19 Vaccine
- Proof of COVID-19 vaccine or Religious Exemption

☐ Program Uniform
- Will be provided to you during the Program.

☐ Fingerprint Background Check
- Fingerprinting is completed through FieldPrint Virginia.
- Schedule your fingerprint appointment after the first day of class.
- When completing the FieldPrint registration form, enter Joseph Greer F102000902 as the Course Coordinator

☐ Students will receive a clinical requirements packet from the region where they will complete their clinical and field training.

☐ Letter of Endorsement from EMS Agency
- Submit a letter of endorsement from your EMS agency or department confirming their support for your participation in the EMS program.

☐ Letter of Endorsement from Medical Director
- Submit a letter of endorsement from your agency's Medical Director confirming their support for your enrollment in the EMS program.

☐ Submit IRS Tax Return Transcript
- If you have an ID.me account, you can log into the IRS website and download your IRS Tax Return Transcript directly from your online account.
- If you are unable to access your transcript online, you may request assistance in person at an IRS Taxpayer Assistance Center.
  - For students in the Lynchburg area, transcripts may be requested at:
    - Taxpayer Assistance Center Office
      - 1101 Court Street, Suite A66, Lynchburg, VA 24504
    - IRS Taxpayer Assistance Center
      - 210 1st St. SW, Suite 100 Roanoke, VA 24011

☐ Schedule an in-person meeting with the Program Director or Program Specialist to review your application and all submitted documents.

☐ Meet with a Workforce Enrollment Specialist
- After your meeting with the Program Director or Program Specialist, you will be escorted to meet with a Workforce Enrollment Specialist to complete course enrollment and review available grants, scholarships, and tuition payment options.

Please let us know if you have any questions!

**EMS Program Contact Information:**

**Joseph Greer**
Public Safety Programs Head, Professional & Career Studies
Phone**:** 434-832-7298
GreerJ@centralvirginia.edu

# Workforce Program Application Process

Applicants interested in the Advanced Life Support EMS Workforce programs at Central Virginia Community College should follow the steps below to complete the application process.

## Step 1 – Review Program Prerequisites

Applicants must ensure they meet the minimum program prerequisites, including:

- ☐ Being at least 18 years of age by the first day of class
- ☐ Possessing a high school diploma or GED
- ☐ Holding a current Virginia EMT certification or higher
- ☐ Holding a current Basic Life Support (BLS) CPR certification approved by the Virginia Office of EMS
- ☐ Meeting eligibility requirements established by the Virginia Office of EMS regarding criminal history

## Step 2 – Complete the EMS Program Application

Applicants must complete the Advanced Life Support EMS Program Application Packet and gather all required documents listed in the Workforce Program Checklist.

Applicants who need assistance completing the packet are encouraged to schedule a meeting with the Program Specialist or Program Director for guidance.

## Step 3 – Submit Required Documentation

Applicants must gather and submit all required documents listed in the Advanced Life Support Workforce Program Checklist. These documents include certification records, transcripts, immunization documentation, and other materials required for program admission and clinical placement. All documents should be submitted to the Program Specialist or Program Director prior to the application review meeting to ensure the application packet is complete.

## Step 4 – Application Review Meeting

Applicants must schedule an in-person meeting with the Program Director or Program Specialist to review the completed application and verify that all required documents have been submitted.

During this meeting, program staff will review the application packet and confirm that all prerequisites and documentation requirements have been met.

## Step 5 – Workforce Enrollment Meeting

After completing the application review meeting, applicants will be escorted to meet with a Workforce Enrollment Specialist to finalize enrollment in the course. During this meeting, students will review available grant opportunities, scholarships, and tuition payment options, and complete any remaining enrollment steps required by the Workforce Development Office.

# Section 3 Application Forms

All Participants will complete Section 3

# ALS EMS Program Student Information

Please answer all questions completely. Print in black ink or type all responses.

Today's Date: _____

Enrolling In: AEMT ☐ Paramedic ☐ Advanced Placement EMT-I or RN ☐

1. **Personal Information**

Name: _____ CVCC Student ID: _____

Previous Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ E-Mail: _____

2. **Education**

High School: _____ Date of Completion: _____

EMT or Higher Completion Date: _____ Expiration Date: _____

AHA Healthcare Provider CPR or Comparable Course Expiration Date: _____

Other Certifications and Expiration Date:

Are you a member of an EMS Agency? Yes ☐ No ☐ Agency: _____

Have you ever been **CHARGED** or convicted of a misdemeanor or felony? ☐ Yes ☐ No

If yes, please elaborate below.

# Paramedic Program Questionnaire

1. I understand that the Advanced Life Support programs require a significant time commitment, personal accountability, and the ability to work independently, and I have a plan to meet these expectations.

Yes: ☐ No: ☐

2. I understand that clinical rotations may include overnight shifts, weekday and weekend schedules, and that occasional weekend classes may be required.

Yes: ☐ No: ☐

3. I understand that all clinical rotations must be completed at program-approved clinical and field sites.

Yes: ☐ No: ☐

4. I understand that some clinical sites may require students to sign waivers or hold-harmless agreements as part of their clinical training.

Yes: ☐ No: ☐

5. I understand that expenses such as National Registry examination fees, criminal background checks, uniforms, and other related costs may not be included in college tuition.

Yes: ☐ No: ☐

I certify that all the information submitted in this information packet is accurate:

_____ _____

Signature Date

# Central Virginia Community College Statement on Immunizations and Vaccinations

Central Virginia Community College recognizes the individual rights to self-determination and decision making for all individuals with regard to public health immunization and vaccination recommendations. Central Virginia Community College strongly supports immunizations and vaccinations to protect the public from highly communicable and deadly diseases such as measles, mumps, diphtheria, pertussis, influenza, and the coronavirus for its students and employees. Furthermore, the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) recommend that all eligible individuals receive immunizations and vaccinations against preventable diseases. All health professional program students should be immunized and vaccinated according to current recommendations by the CDC and the Association for Professionals in Infection Control and Epidemiology (APIC).

Although Central Virginia Community College does not require all health professional students to be vaccinated with the COVID-19 vaccine to be admitted into a restricted admissions health program, the vaccination (and other immunizations and vaccinations) may be required by our clinical facilities in order for our students to enter these facilities. A clinical facility's decision to mandate the COVID-19 vaccine or other vaccines and immunizations is independent of Central Virginia Community College.

Central Virginia Community College faculty and students must comply with the policies required by clinical facilities with which we have legal agreements. If a student refuses to comply with a clinical facility immunization and vaccination requirement, Central Virginia Community College will attempt, but cannot guarantee, to assign a student to an alternative clinical facility. A student will be placed in an alternative location only if it meets the educational objectives of Central Virginia Community College and program requirements for clinical placement. Faculty also must be available to appropriately supervise students at the clinical facility. **Refusal to comply with a clinical facility immunization and vaccination requirement by a student in our health programs may impede your progress in the Program or your ability to remain in the Program.**

Your signature below acknowledges that you have read and understand that by enrolling in this Program, you may be required to complete clinical experiences in facilities that mandate immunizations and vaccinations. If you choose not to receive an immunization or vaccination required by a clinical facility, one of the following actions may happen:

- You may be able to be assigned to another clinical facility if one is available.
- You may not be able to be assigned to another clinical facility because there is no other clinical facility for the specific educational requirement available in the area. OR
- If there is not another alternative clinical facility, due to the clinical facility requirements and the inability to assign you to another clinical facility, you will be unable to continue in the Program, or you must postpone your continued enrollment in the Program until such time you are able to fulfill all requirements of the Program and clinical experiences.

Student Signature: _____ Date: _____

If the student is less than 18 years of age, the following section must be completed:

My child/ward is under 18 years of age, and I am hereby providing permission for him/her to participate in this Program, and I agree to be responsible for his/her behavior and safety during this event.

Child's Name:_____ Parent/Guardian Signature: _____

# Central Virginia Community College EMS Programs
# Waiver of Liability and Assumption of Risk

The undersigned, being of eighteen years of age or older, for and in consideration, of being given the opportunity to participate in Emergency Medical Services Training and Clinical time at designated clinical locations, recognize the possible dangers I may voluntarily subject myself to. I do hereby knowingly acknowledge that I am aware of said dangers, such as exposure to various disease and uncontrolled environments. I do hereby knowingly, freely, and voluntarily assume any and all risks pertaining to the above-mentioned. Furthermore, I do hereby knowingly, freely, and voluntarily waive and release any and all right or cause of action of any kind whatsoever, that may arise as a result of clinical and activities for which l have participated in. I further assume any and all risks, waive and release any and all causes of action or rights, which might occur to me due to my participation in clinical experiences.

In witness whereof, the undersigned acknowledges that he/she has read the above, has had an opportunity to have asked and answered questions, understand its meaning, and has affixed his/her signature at Lynchburg, Virginia, on this the _____ day of _____,

Student Name: _____

Student Signature: _____

Witness Name: _____

Witness Signature: _____

If the person whose printed name and signature appears above is under the age of 18, their parent or legal guarding must also sign this Waiver of Liability and Assumption of Risk.

> I, whose printed name and signature appears below, am the parent or legal guardian of the student who has signed above. I have read and understand the provisions of this Waiver of Liability and Assumption of risk. I consent to the above signatory taking part in the Program, and I fully enter into, and agree to be bound by the above Waiver of liability and Assumption of Risk.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

# ALS PROGRAMS IMMUNIZATION RECORD

**Student Name:**_____

**This form is mandatory <u>MUST BE SIGNED</u> by a healthcare professional. (MD, PA, NP, RN, LPN)**

**<u>REQUIRED IMMUNIZATIONS</u>**

**MMR** (Measles, Mumps, & Rubella)
2 doses of live vaccine at/or after 12 months of age, at least 1 month apart. **Dose #1:**_____
**Dose #2:**_____

**<u>OR</u>** Positive Positive Measles, Mumps, & Rubella Titers required if records not available or incomplete. **Titer:**_____

**TDAP/DPT** (Tetanus, Diphtheria, & Pertussis)
1. Primary childhood series completed. **Date:**_____
2. TDAP Booster within last 10 years. **Date:**_____

**Varicella Vaccine** (Chicken Pox)
(History of chicken pox disease not acceptable – varicella titer is required) **Dose #1:**_____
**Dose #2:**_____

**<u>OR</u>** Positive Varicella IFF Titer Required **Titer:**_____

**Influenza Vaccine:** Required annually. **Dose:**_____
☐ Medical Exempt ☐ Religious Exempt

**COVID-19 Vaccine** **Dose #1:**_____
2 doses of the Pfizer or Moderna vaccine required or 1 dose of Janssen (J&J) **Dose #2:**_____
☐ Medical Exempt ☐ Religious Exempt

**Hepatitis B Vaccine:** Series of 3 vaccines. **Dose #1:**_____
**Dose #2:**_____
**Dose #3:**_____

**Hepatitis B Vaccine NOT** required, **IF** a titer has been completed. **Titer:**_____

**<u>RECOMMENDED IMMUNIZATIONS</u>**

**Polio** **Dose 1:**_____
**Dose 2:**_____
**Dose 3:**_____
**Dose 4:**_____

**Meningococcal Vaccine:** Menomune or Meactra Series of 2 vaccines. **Dose 1:**_____
**Dose 2:**_____
**Dose 3:**_____

**Bacillus Calmette-Guerin (BCG)** **Date:**_____

---

Health Care Provider's Signature: _____

Printed Name: _____

Address: _____

_____

Phone Number: _____

# Fingerprint Background Check Instructions

All EMS students must complete a fingerprint-based background check through Fieldprint Virginia before the Virginia Office of Emergency Medical Services (OEMS) can issue certification. Your application for certification cannot be finalized until this step is completed.

Students should complete fingerprinting after enrollment in the EMS training program and after receiving approval from the Program Director or Course Coordinator.

## Program Director Information

- Program Director: Joseph Greer
- Fieldprint Instructor Code: F102000902

## Steps to Schedule a Fingerprint Appointment

1. Visit the Fieldprint Virginia website Fieldprint Virginia Background Check System
2. Select the Schedule an Appointment option.
3. Under New Users / Sign Up, enter your email address and create a Fieldprint account.
4. Follow the instructions to create a password and security question, then select Sign Up and Continue.
5. When prompted, enter the Fieldprint Code: FPVS999NC.
6. Enter your EMS certification number and the instructor certification number when requested.
7. Enter the required contact and demographic information requested by the FBI.
8. Select a fingerprinting location and appointment time that is convenient for you.
9. After completing the scheduling process, print the appointment confirmation page.
10. Bring the following items to your fingerprint appointment:
    a. The printed confirmation page
    b. Two forms of identification

## Questions or Assistance

If you have questions about fingerprinting or the Fieldprint system, please contact the Virginia Office of EMS:

Ron Passmore
Virginia Office of Emergency Medical Services
Email: ron.passmore@vdh.virginia.gov

# Tuberculin Skin Test Form

Tuberculin Skin Test

1. LF ☐ RF ☐ Date: _____ Given by: _____

Read by: _____ Date: _____

2. LF ☐ RF ☐ Date: _____ Given by: _____

Read by: _____ Date: _____

OR

Interferon Gamma Release Assay (IGRAs):

Date: _____

Given by: _____

_____ _____

Signature - Health Professional Date

_____

_____

_____

_____

Address

._____ _____

Telephone: Fax

# Section 4 Clinical Compliance Forms

Students will complete the clinical forms at the locations where they will complete clinicals. If you are unsure, please reach out to the program director.

# Centra Required Forms

CENTRA
Office of Medical Education
& Student Affairs

# Centra Student Demographic Form

| | |
|---|---|
| **Full Legal Name** | _____<br>(Last Name) (First Name) (Middle Name) |
| **Preferred Name** | |
| **Date of Birth** | |
| **Last four numbers of SSN** | XXX-XX- |
| **Email Address** | |
| **Phone Number** | |
| **Home Address**<br>**(street, city, state, zip)** | |
| **Emergency Contact Name & Relationship** | |
| **Emergency Contact Phone & Email** | |
| **Are you a Centra Employee?** | Yes ☐ No ☐<br>If yes, *Attestation Form for Centra Employees Completing Student Internships or Clinical Rotations,* found on page 11, is required. If no, do not complete this attestation form. |
| **Would you like to use your employee photo for the student badge?** | Yes ☐ No ☐ N/A ☐<br>Please refer to page 2 for instructions if you are submitting a new photo. |
| **Location of Internship/ Educational Placement** | Centra |
| **Name of Centra Preceptor** | |
| **Start Date of Internship/ Educational Placement** | |
| **End Date of Internship/ Educational Placement** | |
| **College/University/School** | Central Virginia Community College |
| **Major/Program of Study** | |
| **How many hours are required for the internship or educational placement?** | |
| **Please list your weekday availability and times to complete a fit test appointment.**<br>***Onboarding team will notify you if this is a requirement for your internship/educational placement.** | |

CENTRA
Office of Medical Education
& Student Affairs

# Student Identification Badge Photo Request

Please add your photo below for the student ID badge or you may attach separately to the email with the completed paperwork. The photo must be a passport style photo. Please ensure it meets the following criteria:

- *Must be a color photo*
- *Must be a clear and current photo, with sufficient lighting*
- *Must be in front of a plain, light-colored wall*
- *No other person or objects in the photo*
- *Must be directly facing the camera*
- *Must not include filters or special effects*
- *Must have eyes opened, looking at the camera*
- *Must not be wearing a hat, sunglasses, hoodie, or coat*
- *Head covering that is worn daily for religious purposes is allowed and in such cases those items must not obscure any facial features*

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Office of Medical Education
& Student Affairs

# Centra Confidentiality Agreement No Computer Access

Centra's policy is that all information is confidential, including, but not limited to patient diagnoses or courses of treatment, physician or other professional activities, Centra procedures, employee information, or financial and operating statistics. This policy applies whether the information is obtained through verbal, written, or electronic means. Information is to be accessed only on a "need to know" basis. The term "need to know" means the access, use, or sharing of the information is essential to fulfillment of the recipient's assigned activities at Centra.

By my signature, I acknowledge that I have read the Confidentiality Policy, and I understand the content and importance of this and other policies. I accept the responsibility that is placed on me as a student at Centra to comply with these obligations and agree to abide by all applicable policies and procedures of Centra. I understand that violating Centra's policies and procedures could result in disciplinary action, or in a violation of applicable law, and that I will be responsible for, and agree to indemnify Centra against, any damages resulting from such violation. I understand and agree that my obligation to maintain the confidentiality and security of Centra information shall continue after my relationship with Centra ends. I will contact Corporate Compliance if I have questions about policies or request a paper copy of policies.

Student (print) _____

Student (sign)_____ Date _____

Typing your name on the line above constitutes an electronic signature under Virginia Code Ann. Sec. 59.1-485.

# Centra Professional Appearance Acknowledgement

PURPOSE: To establish a standard for personal appearance and grooming that promotes cleanliness, safety, professionalism, and the confidence of patients, visitors and all others with whom we come in contact at work.

1. Hair/Headwear
    a. Hair, beards, and mustaches must be trimmed, neat and clean. Hair should be pulled back or restrained as appropriate to safety in the work area by anyone who provides direct patient care, works with food, or handles sterile equipment.
    b. No hats, bandanas, sweat bands, or head gear may be worn, unless required for medical, safety, religious reasons, or as part of a uniform.
2. Accessories (Jewelry, Buttons, Stickers)
    a. Accessories (e.g., necklaces, bracelets, earrings, buttons, pins, stickers) must comply with the Infection Prevention Hand Hygiene Policy.
    b. Accessories must be appropriate in nature and not cover the ID badge.
    c. Students are encouraged to limit the use of jewelry or other ornamentation and to ensure that the jewelry does not pose a potential hazard to themselves, patients and other employees from both an infection prevention and a health and safety perspective. Students who are required to wear jewelry for religious reasons may do so provided that they do not impact health and safety or infection prevention principles of effective hand washing.
3. Tattoos, Body Art, and Piercings
    a. Workforce members and students who have a visible tattoo, body art, or piercing that could reasonably be considered degrading, offensive, or demeaning to patients, family members, coworkers, or management, based on racial, sexual, religious, ethnic, or other legally protected characteristics, must have it covered at all times while on Centra property. Out of respect for our patients, if a patient complains about a tattoo, body art, or piercing while they are being cared for, workforce members must cover the tattoo, body art, or piercing to the extent possible.
4. Nails
    a. Nail length and polish should be in good condition. Clinical workers must adhere to Infection Control policies regarding nail length and artificial nails.
5. Fragrances
    a. Out of consideration for patients, visitors and staff who may have sensitivities to fragrances, employees and students must refrain from wearing the following: perfume, cologne, after shave, scented lotions, scented hairspray, personal care scented fragrances, cigarette smoke odor, or controllable body odor.
    b. Students who use tobacco products must take measures to eliminate smoke odor from clothing, skin, and breath.

6. Clothing
    a. Clothes should fit properly and not be so tight or so baggy as to detract from professional appearance. Sweat suits and sweatshirts/hoodies of any style or material are not considered professional business attire and are not permitted.
    b. Shirts must be well-maintained and have no inappropriate, political or offensive wording or pictures. It is not permissible to wear shirts that have plunging necklines, are see-through, or ride up to expose back or midriff when arms are extended.
    c. Undergarments must always be concealed and worn.
    d. Lingerie straps, spaghetti straps, cut-off sleeves, and racer back tops are not permitted.
    e. Pants, dresses and skirts must fit, look professional and provide adequate coverage. Shorts of any type are not considered professional business attire and are not permitted.
    f. Shoes must always be worn and should be clean and in good condition. Workforce members conducting business in an area that treats, touches, or interacts with patients must wear closed-toed shoes. Open-toed shoes are acceptable in non-clinical areas.
    g. Five finger shoes, flip-flops or slide sandals are not permitted in any area. A flip-flop is defined as a sandal made of any material with a strap between the toes that has no back.
    h. Uniforms are acceptable according to specific department dress code policies.
    i. Business casual attire encompasses clothing that is comfortable at work, yet appropriate for a business environment. Acceptable attire includes skirts, dresses, capris, slacks, khakis, blouses, turtlenecks, sweaters, golf-shirts, and shirts with a finished collar or neckline.
7. Headphone and Earbuds
    a. Headphones/ear buds are not permitted to be worn by students during their shadowing or internship experience.

Student (print) _____

Student (sign)_____ Date _____

Typing your name on the line above constitutes an electronic signature under Virginia Code Ann. Sec. 59.1-485.

# Student Behavior Policies and Rules

By signing below, the student understands that failure to follow the rules and policies of Centra will result in the termination of their learning experience at any Centra facility.

Students must comply with all laws, rules, regulations, and Centra policies and procedures including but not limited to the Centra Code of Conduct, Organizational, and Administrative policies. For purposes of your role as a student at Centra and in addition to the policies mentioned above, the following rules and regulations have been outlined for your review and acknowledgement:

1. **Informed Consent:** Informed consent must be obtained prior to a student being allowed access to a patient to assist in treatment or to observe treatment. It is the Centra sponsor/preceptor's responsibility to obtain this permission. (Informed Consent ORG. 01.01.02)
2. **Confidentiality and HIPAA**: It is the responsibility of all students to protect the confidentiality of patients and families. Any intentional or unintentional breaches of confidentiality through any method of communication, including but not limited to oral, written or electronic methods will be held to the same sanctions as employees. (Confidentiality of Patient Information, Responsibility to Protect Information and Patient's Right to Access Information ORG.05.01.01)
3. **Direct Patient Care Restrictions**: The student will not participate in any hands-on or direct patient care activities unless supervised by licensed staff through a formal internship program with an accredited school or university. **Individuals shadowing or observing may not participate in any direct patient care activities under any circumstances**. (Students, Instructors and Observers ORG.03.01.27)
4. **Ethics and Patient Rights and Responsibilities:** All students are expected to treat patients with dignity and respect patients without regard to age, physical or mental disability, ethnicity, culture, language, socioeconomic status, race, color, creed, religion, national origin, sex, sexual orientation, or gender identity or expression (Code of Conduct and Business Ethics ORG.10.01.05)
5. **Solicitation:** Centra prohibits the solicitation, distribution, emailing and posting of materials on or at Centra property, including computers and other technology equipment, except as permitted by policy. (Solicitation ADM.03.01.16)
6. **Religious Solicitation:** Centra is a non-religious organization committed to ensuring a culture of professionalism. Centra workforce members and students may not engage in religious solicitation of patients and their families. Unsolicited visitation of patients and family members by clergy of any faith group, religious organizations, or sects is not permitted for any purpose unless specifically requested by the patient or family member. (Solicitation ADM 03.01.16)
7. **Professional Boundaries**: Fraternization between preceptors and students is strictly prohibited. (Professional Boundaries 03.01.32)
8. **Identification Badges:** All students are issued Centra ID badges and are required to wear them at all times while fulfilling the hour requirements for an internship or clinical experience within any Centra facility. Badges are to be returned to Security or to the student's preceptor at the end of the internship or clinical experience. Any individual shadowing for a short term observational only experience is to wear a student ID badge from their respective school or a visitor badge which can be obtained through Guest Services. (Identification Badges ORG 03.03.10)

9. **The following actions are not permitted at Centra (**Code of Conduct and Business Ethics ORG.10.01.05)**:**
    - Acceptance of money (any amount) or gifts of any kind of greater than nominal value ($50) from patients, families, vendors, or other work-related parties is not allowed.
    - Being under the influence or possessing drugs or alcohol.
    - Deliberate destruction or misuse of property.
    - Fighting or other disorderly conduct.
    - Insubordination or failure to carry out supervisor instructions.
    - Leaving work area without permission.
    - Theft, fraud, or misappropriation of property.
    - Threatening, intimidating or coercing others by words or deeds, or use of vile or abusive language.
    - Unauthorized accessing, discussions, and/or release of confidential information concerning patients or employees.
    - Abuse or inconsiderate treatment of patients.
    - Gambling.
    - Possession of weapons

*Complete copies of all policies referenced above are available from Corporate Compliance*

Liability Insurance Requirements for Students with Hands-On Clinical Experience

All students from outside schools or programs are responsible for providing their own malpractice liability insurance if the school or program does not provide the amount of insurance required by Centra. Centra assumes no responsibility for malpractice liability insurance coverage for students from outside schools or programs. Centra Corporate Compliance or Risk Management must approve ANY exception to this policy.

Student (print) _____

Student (sign)_____ Date _____

Typing your name on the line above constitutes an electronic signature under Virginia Code Ann. Sec. 59.1-485.

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# Student Screening Attestation

I, _____ (the "Student") am a student at _____

[Insert Name of the Student] [Insert Name of the School]

that is participating in a clinical learning experience at a facility owned or operated by the Centra System. The student does hereby attest and certify that the following is true any time they come on-site to a facility owned or operated by the Centra System as part of their clinical learning experience:

The student will not come on-site to a Centra System Facility if he/she has any of the following symptoms:

- Cough
- Shortness of breath
- Fever (greater or equal to 100.4°F)
- Recent loss of taste or smell
- Body Aches or tiredness
- Stomach upset such as nausea, vomiting, or diarrhea

The student will practice appropriate social distancing, in accordance with current Centra System guidelines, while inside a Centra System Facility.

The student will wash or sanitize hands upon entry into a Centra System Facility and frequently thereafter.

This is a continuing Attestation which shall remain in effect so long as the student comes on-site to Centra System facilities.

Student (print) _____

Student (sign)_____ Date _____

Typing your name on the line above constitutes an electronic signature under Virginia Code Ann. Sec. 59.1-485.

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& Student Affairs

# Acknowledgment of Risk

We are pleased to have you participate in shadowing/interning experiences on our campuses and clinics owned or operated by Centra Health, Inc. and its affiliates and subsidiaries (collectively referred to herein as the "Centra System") in the coming weeks. The safety of our patients, staff, and students is our highest priority. With safety in mind, we require the following:

1. All individuals in Centra's healthcare environment, including student observers, are expected to understand and adhere to infection prevention requirements including, but not limited to, hand washing that is frequent and thorough using soap and water or alcohol based hand sanitizers, use of appropriate personal protective equipment ("PPE") such as face masks, gloves and gowns as directed and social distancing as directed.

2. Students need to practice respiratory hygiene and cough etiquette and should immediately report ANY symptoms of illness (e.g., fever, chills, muscle aches, cough, nasal congestion, shortness of breath, changes in smell or taste, etc.) to their preceptors and/or supervisors, as applicable, leave the premises following that report, and seek medical attention. Students should also report any recent high risk exposures to transmittable diseases such as measles.

3. Students should be aware of potential sources of infection and exercise caution in their environment. They should also observe warning signs on patient rooms indicating isolation precautions and avoid entering such rooms unless specifically authorized and equipped with appropriate PPE.

In addition, please carefully read and sign the Acknowledgment of Risk ("AOR") statement below before beginning your clinical placement or shadowing experience. Only students willing to accept the risks outlined above and who sign an AOR will be placed within the Centra System. The Centra System is not liable for any exposure to or contraction of infectious diseases that you may encounter as a result of your participation in activities within the Centra System, including, but not limited to, educational/clinical rotations. The Centra System is not liable for any interruptions, postponements, or delays in your academic advancement due to isolation for or treatment of any infectious diseases you may encounter as a result of your participation in activities within the Centra System, including, but not limited to, your educational/clinical rotation. If you have concerns about your educational experience within the Centra System at this time, please contact the Office of Medical Education and Student Affairs.

Student (print) _____

Student (sign)_____ Date _____

Typing your name on the line above constitutes an electronic signature under Virginia Code Ann. Sec. 59.1-485.

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HealthWork

# Affiliating Health Record

**Shadow (0005)** **Intern (0005)** **Student (0005)** **Other**

Start Date: _____ End Date: _____

School/College: Central Virginia Community College

Centra Site/Campus: _____

Centra Preceptor: _____

Name: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____
(Required full SSN-Used for record keeping and compliance tracking purposes only)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____
(Home or Cell)

Signature: _____

**HEALTHWORKS OFFICE USE ONLY- PLEASE ATTACH IMMUNIZATION RECORDS**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **MMR Vaccination & Booster** | **#1** | | **#2** | | | Titer Pending: | ☐ |
| **Varicella (Chicken Pox) Vaccine** | **#1** | | **#2** | | | Titer Pending: | ☐ |
| **Hepatitis B Vac:** | **# 1** | | **# 2** | | **# 3** | CAT III ☐ | Titer Pending: ☐ |
| **Influenza Vac:** | | | **Tetanus/Diptheria/Pertussis Vaccine:** | | | | |
| **Last TST Date:** | | | **Result Date:** | | | | |
| **Healthworks Nurse Signature** | | | | | | Date: | |

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## Attestation Form for Centra Employees Completing Student Internships

**Directions: This form must be completed and signed by all Centra employees who will act as a student intern at Centra and must be signed by the Centra employee who will precept the student intern.**

Employee (student) Name: _____

Employee Manager's Name: _____

Start Date of Student Internship or Rotation: _____

End Date of Student Internship or Rotation: _____

Name of Employee Who is Serving as Preceptor: _____

Academic Program for Internship or Rotation: _____

**Student:**
By signing this document, I hereby agree and acknowledge that I must adhere to and agree to the following:

1. All internship work or clinical hours will be provided without compensation and at times other than my scheduled work times.
2. I will always act within my scope of practice and/or within the description of my job responsibilities for which I am compensated when I am performing services as an employee of Centra.
3. I understand and agree that the Internship or Rotation is a requirement of the Academic Program described above that the Internship or Rotation is educational in nature, and that the Internship or Rotation is for my primary benefit, and not the primary benefit of Centra.
4. I will not default to my job responsibilities when completing the internship or clinical hours and will only perform services as an intern of Centra during non-compensated time. In the event any requests are made of me by patients to provide services outside the scope of my internship during times when I am performing as an intern, I will refer them to the responsible health care professional.

Student Signature: _____ Date: _____

**Preceptor:**

1. I hereby acknowledge that I have voluntarily agreed to serve as the above-named employee's preceptor for the time period referenced above.
2. I accept responsibility for evaluating this student and holding the student accountable for his/her actions and behaviors.

Preceptor Signature: _____ Date: _____

# HCA Required Forms

# HCA Onboarding and Required Documentation

Students assigned to clinical experiences at HCA hospitals are required to complete onboarding and required documentation through a third-party service called My Clinical Exchange. This service requires students to purchase individual access in order to submit required forms, track compliance items, and complete the onboarding process. Students will receive detailed instructions and additional information about creating an account and completing these requirements after they have been accepted into the Program and are preparing for clinical placement.

# Carilion Clinic Required Forms

# CARILION IMMUNIZATION RECORD

**Section I: To be completed by applicant** ***Applicants MUST have had all the immunizations listed below.***

| | |
|---|---|
| Printed Name: | |
| Date of Birth (MM/DD/YY): | School-Provided E-mail Address: |
| Rotation Start Date (MM/DD/YY): | |

**Section II: To be completed by approved School Representative or Health Care Provider**
**(NO OTHER IMMUNIZATION FORMS are accepted. Instead summarize immunizations below.)**

| Check appropriate circle. | Yes | No |
|---|---|---|
| • **MMR**<br>***Two Doses of MMR Vaccine***<br>(The 1st vaccination was received on or after the first birthday and the 2nd vaccination was received at least 28 days after the first dose.) | O | O |
| ***Alternative Regimen***<br>**1. Measles (Rubeola): Two Vaccines are required or Positive Serology**<br>(The 1st vaccination was received on or after the first birthday and the 2nd vaccination was received at least 28 days after the first dose.) | O | O |
| **2. Mumps : One dose of Vaccine** on or after 1st birthday **or Positive Serology** | O | O |
| **3. Rubella: One dose of Vaccine** on or after 1st birthday **or Positive Serology** | O | O |
| • **Tuberculosis** (Initial and yearly tests more than 4 months out of date must be the 2-Step Test.)<br>Negative results dated within 12 months of rotation dates in Section I above. | O | O |
| If No above, negative results required on chest x-ray | O | O |
| • **Varicella** ~ ***Vaccines or positive serology or had disease*** | O | O |
| • **Polio** ~ ***Primary series of Vaccine*** | O | O |
| • **Tetanus-Diphtheria** ~ ***Primary series of Td immunizations and a Td or Tdap booster dose administered within 10 year of coming to Carilion*** | O | O |
| • **Hepatitis B** ~ ***Vaccines or Positive Serology*** | O | O |
| • **Influenza** (The CDC requires us to report the following information.)<br>***Most recent vaccination is dated*** *(MM/DD/YY)* _____. | | |
| ***Most recent vaccination will be effective through rotation dates listed in Section I above.*** | O | O |
| ***The school requires that students receive vaccinations between October 1st and March 31st.*** | O | O |
| ***Student refused vaccination for reasons other than medical contraindication.*** | O | O |
| ***Student refused vaccination for medical contraindication related to*** _____. | O | O |

| | | |
|---|---|---|
| Signature of Approved School Representative or Health Official Completing This Form | | Date (MM/DD/YY) |
| Printed Name | Title | Phone |
| Name of School or Health Care Provider's Address | School Seal (Optional for Health Care Provider) | |

Rev 020613

# CARILION CLINIC INFLUENZA VACCINE MEDICAL EXEMPTION FORM FOR VISITING STUDENTS

| | |
|---|---|
| Name: | Date of Birth: |
| Personal Phone #: | Badge #: |
| Manager: Visiting Student Affairs | Department: Visiting Student Affairs |
| Healthcare Provider Name: | HCP Phone #: |

**Section 1: Student Request for Vaccination Exemption**

I am requesting a medical exemption for the Influenza vaccine so that I may be exempted from the mandatory Influenza vaccination policy. I verify that the information I am submitting to substantiate my request for exemption is true and accurate. I understand that any falsified information can lead to disciplinary action. I further understand that Carilion is not required to provide this exemption if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Carilion.

Student Signature: _____ Date: ____/____/____

**Section 2: Medical Certification for Vaccination Exemption Request**

Dear Healthcare Provider:

Influenza vaccination has been shown to be effective in reducing the incidence of influenza and is recommended by the Centers for Disease and Control. The above-named person has requested a medical exemption regarding this vaccination so that they may be exempted from a mandatory nfluenza vaccination policy. Carilion considers requests for exemption on an individualized basis for recognized medical contraindications or other specific medical conditions that preclude an individual from receiving the influenza vaccination, unless doing so poses a direct threat to the health and/or safety of the employee, others in the workplace, or if it creates an undue hardship on Carilion Clinic. Please complete the form below.

We will evaluate each exemption request on a case by case basis but will consider the recommended exemption criteria such as:

- Previous severe allergic reaction to the vaccine or components of the vaccine
- History of Guillain-Barré, some people with a history of GBS should not get a flu vaccine

**EGG ALLERGY**

**Per the CDC and Advisory Committee for Immunization Practices, people with egg-allergy may receive any flu vaccine (egg-based or non-egg based) that is otherwise appropriate for their age and health status. Additional safety measures are no longer recommended for flu vaccination beyond those recommended for receipt of any vaccine.**

Please complete the form below.

**1. The above individual should not be vaccinated for influenza due to the following reasons: (Check all that apply).**

□ History of previous allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine. Note: Please provide a sufficient narrative and supporting medical documentation.

□ History of Guillain-Barre' Syndrome Note: Please provide a sufficient narrative and supporting medical documentation.

□ **Other Medical Reason**: The person named above should not receive the influenza vaccine due to the condition(s) listed below. Note: Please provide a sufficient narrative and supporting medical documentation.

2. Please indicate if previous symptoms after receipt of a influenza vaccine were:

□ Allergic reaction (describe)_____

□ Adverse symptoms (describe) _____

3. **ALPHA GAL ALLERGY:** This is not a contraindication to the influenza vaccine. The influenza vaccine does not contain gelatin.

4. Date of last influenza vaccine: _____

**Attestation**

By signing below, I affirm that I am a physician, or an advanced practitioner licensed to practice medicine in a jurisdiction of the United States and that the information stated above is true and accurate. I understand that I may be asked to submit additional supporting medical documentation.

Healthcare Provider Signature: _____ Date: ____/____/____

Medical Provider Name (print): _____ License Number: _____

Practice Name & Address: _____ Phone: _____

## SUMMARY OF NEXT STEPS

**If You Are A Visiting Student:**

Submit this request to Carilion's Office of Visiting Student Affairs by scanning and emailing this form and support documentation to: VisitingStudentAffairs@carilionclinic.org with the name of your school and program.

CARILION CLINIC

1. This request will be reviewed by a Medical Exemption Committee. A submitted exemption request does not guarantee an exemption.

2. You will be notified of the decision regarding your requested exemption via email. The response will be noted at the end of this form.

**Date: ____/____/____**

**____ Approved _____Not Approved**

**____ Additional Supporting Information is needed**

**____ Other: _____**

_____

_____

_____

# CARILION CLINIC INFLUENZA VACCINE RELIGIOUS EXEMPTION FORM FOR VISITING STUDENTS

| | |
|---|---|
| Name: | |
| Phone #: | Badge #: |

Carilion Clinic will grant religious exemption requests when an individual's sincerely-held religious belief, practice, or observance preclude vaccination, unless doing so creates an undue hardship for Carilion Clinic. ***A religious exemption will not be granted based on a philosophical, moral, scientific, or conscientious objection***. Please describe below why your sincerely-held religious belief, practice, and/or observence preclude you from receiving the Influenza vaccination.

1. Please identify your sincerely held religious belief, practice, or observance that is the basis for your objection to receiving the Influenza vaccine:

2. Please indicate whether you are opposed to all vaccines, and if not, the religious basis on which you object to the Influenza vaccine specifically**:**

3. Have you previously received a religious exemption for any vaccine required by Carilion Clinic for employment, such as the COVID 19 vaccine, flu vaccine, TDap, MMR, etc.? If so, please list the years in which you have received any such exemption.

4. Please provide any additional information that might be helpful in reviewing your religious exemption request.

Carilion Clinic reserves the right to request additional information in order to evaluate your request.

***Student Verification***

I am requesting a religious exemption for the Influenza vaccine so that I may be exempted from a mandatory vaccination policy. I verify that the information I am submitting to substantiate my request for exemption is true and accurate. **I understand that any falsified information may lead to disciplinary action and a revocation of any approved exemption.**

Student Signature: _____ Date: ____/____/____

CARILION CLINIC

## SUMMARY OF NEXT STEPS

**If You Are A Visiting Student:**

Submit this request to Carilion's Office of Visiting Student Affairs by scanning and emailing this form and support documentation to: VisitingStudentAffairs@carilionclinic.org with the name of your school and program.

1. This request will be reviewed by a committee.
2. You will be notified of the decision regarding your requested exception.
3. If you are granted an exemption for the Influenza vaccine, you will be required to continue masking through April 1st or beyond, depending on extended flu activity.

## FOR EMPLOYER'S USE ONLY

Date _____

_____ Additional Supporting Information is needed

Approved_____ Not Approved_____

Other: _____

_____

**OFF-SITE INFLUENZA VACCINATION FORM**
**FOR Volunteers, Contract Staff and Students**

**Off-site meaning: received vaccine outside of Employee Health**

Name _____ Date of Birth _____/_____/_____
(Please print)

Personal Phone No.:_____
Please check one:

Volunteer

Student (School Name _____)

Non-Carilion Provider (Job _____)

Contract (Department _____)

I had my influenza vaccine at _____ on the date of _____/_____/_____.

**Proof of vaccination is required and must be attached to this form.** The following are acceptable forms of proof:

□ My Chart documentation

□ Retail pharmacy documentation

□ Note from medical provider with your name, date vaccine received, type of influenza vaccine

**Please submit this form and proof of vaccination to:**

**Volunteers:** Volunteer Coordinator

**Students:** Visiting Student Affairs

**Non-Carilion Provider:** Medical Staff Services

**Contract:** Department you work in

_____ Date _____/_____/_____

Employee Signature

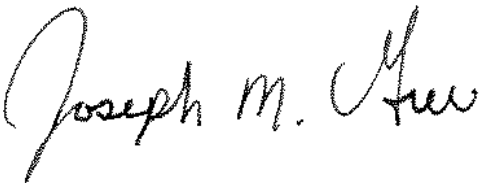
# Application Closing Statement

Thank you for your interest in the Emergency Medical Services programs at Central Virginia Community College. The Advanced EMT and Paramedic programs are designed to prepare highly skilled and compassionate healthcare professionals who will serve their communities with integrity, knowledge, and dedication.

Completion of this application packet is an important step toward entering a challenging and rewarding profession. Please review your materials carefully to ensure that all required documentation and forms have been completed and submitted in accordance with the instructions provided.

Applicants are responsible for meeting all program requirements, deadlines, and clinical onboarding expectations. Additional instructions regarding clinical placements, health requirements, and background screening will be provided to students upon acceptance into the Program.

We appreciate your interest in joining the CVCC EMS community and look forward to working with the next generation of EMS professionals.



Joseph M.Greer
Central Virginia Community College
EMS Program Director
Email: greerj@centralvirginia.edu
Phone: 434-832-7825