

EMS PROGRAM AFFILIATION - SPONSORSHIP LETTER TEMPLATE

This letter should be replicated on your agencies letterhead.

Date

Jeffrey Bonavita, NRP
Department Head/Director
Fire and Emergency Medical Services Education
Virginia Peninsula Community College
99 Thomas Nelson Drive
Hampton, Virginia 23666

Dear Mr. Bonavita:

Mr./Ms. Student Full Name, certification number NR/VA EMS # a student in the Virginia Peninsula Community College EMT, AEMT or Paramedic program is currently affiliated with the Agency/Department Name. Mr./Ms. Last Name is a released provider for the Agency/Department Name at the Level level, practicing under the general supervisor of the department/agency operational medical director, OMD Name, Department Standard Operating Procedures and the Regional Council Emergency Medical Services Council protocols.

The Agency/Department Name will allow Mr./Ms. Last Name to complete his/her course required field rotations on department/agency operated apparatus while assigned to a patient care team under the supervision of a department preceptor.

Thank you for your assistance in this matter. Please contact me if you have any questions or require additional information. I can be reached at (000) 000-0000 (office), (000) 000-0000 (administration), or via e-mail at Email Address.

Sincerely,

Signature

Name

Title/Rank

CRIMINAL HISTORY BACKGROUND CHECK LETTER TEMPLATE

This letter should be replicated on your agencies letterhead.

Date

Jeffrey Bonavita, NRP
Department Head/Director
Fire and Emergency Medical Services Education
Virginia Peninsula Community College
99 Thomas Nelson Drive
Hampton, Virginia 23666

Dear Mr. Bonavita:

Mr./Ms. Student Full Name, certification number NR/VA EMS # a student in the Virginia Peninsula Community College EMS Education program is currently affiliated with the Agency/Department Name. Mr./Ms. Last Name, through the course of their affiliation with the Agency/Department Name had a criminal history background check completed as part of their employment/affiliation process. The criminal history background check did not return any criminal history that would preclude Mr./Ms. Last Name from serving as an EMS provider in the Commonwealth of Virginia, pursuant to 12VAC 5-31-910.

If Mr./Ms. Last Name was employed and/or affiliated on or before July 1, 2014, the criminal history background check was conducted pursuant to department and/or agency policies and procedures. If Mr./Ms. Last Name was employed and/or affiliated on or after July 1, 2014, the criminal history background check was conducted pursuant to the Code of Virginia § 32.1-111.5.

Thank you for your assistance in this matter. Please contact me if you have any questions or require additional information. I can be reached at (000) 000-0000 (office), (000) 000-0000 (administration), or via e-mail at Email Address.

Sincerely,

Signature

Name

Title/Rank

DRUG SCREEN COMPLETION LETTER TEMPLATE

This letter should be replicated on your agencies letterhead.

Date

Jeffrey Bonavita, NRP
Department Head/Director
Fire and Emergency Medical Services Education
Virginia Peninsula Community College
99 Thomas Nelson Drive
Hampton, Virginia 23666

Dear Mr. Bonavita:

Mr./Ms. Student Full Name, certification number NR/VA EMS # a student in the Virginia Peninsula Community College EMS program is currently affiliated with the Agency/Department Name. Mr./Ms. Last Name, through the course of their affiliation with the Agency/Department Name had a ten panel drug screen completed within the previous twelve-months to the Virginia Peninsula EMS program standard requirements as part of their employment, continued employment and/or affiliation process. The drug screen did not return results that would preclude Mr./Ms.me from serving as an EMS provider in the Agency/Department Name.

Thank you for your assistance in this matter. Please contact me if you have any questions or require additional information. I can be reached at (000) 000-0000 (office), (000) 000-0000 (administration), or via e-mail at Email Address.

Sincerely,

Signature

Name

Title/Rank

THIRD PARTY PAYMENT LETTER TEMPLATE

This letter should be replicated on your agencies letterhead.

Date

Jeffrey Bonavita, NRP
Department Head/Director
Fire and Emergency Medical Services Education
Virginia Peninsula Community College
99 Thomas Nelson Drive
Hampton, Virginia 23666

Dear Mr. Bonavita:

This letter serves as an agreement between the Locality/Agency/Department Name and Virginia Peninsula Community College. It is the intent of the Locality/Department Name to fund the remaining balances and/or charges, after all student financial aid, loans, scholarships and/or other account credits have been applied for the following:

- tuition,
- fees,
- textbooks,
- required computer software programs/access,
- other required program costs (uniforms, name tags, etc.)

required and/or associated with enrollment in the Fire and/or EMS education program(s) for Mr./Ms. Last Name, a student in the Virginia Peninsula Community College Fire and/or EMS Education Program.

Mr./Ms. Last Name will be funded by the Locality/Department Name for the Semester or contract Course(s). All correspondence and/or invoices shall be directed to Name, Title at the address listed below:

Name, Title
Street/PO Box
City, State, Zip Code

Thank you for your assistance in this matter. Please contact me if you have any questions or require additional information. I can be reached at (000) 000-0000 (office), (000) 000-0000 (administration), or via e-mail at Email Address.

Sincerely,
Signature
Name
Title/Rank