

# Vermont EMS LIGHTS

(Licensing InteGrated with otHer daTa Systems)



## User Guide

**Version 1.1**  
**May 2021**

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## **Introduction**

The Vermont EMS LIGHTS database is an online EMS license management system built by ImageTrend, the creators of the Vermont SIREN incident reporting system. Its web-based functionality replaces paper applications and allows users to apply for and manage agency and personnel licenses, enroll in EMS courses and exam sites, update demographic information and look up licensing records.

Access the LIGHTS Public Portal at <https://vtems.imagetrendlicense.com/lms/public/portal#/login>.

## **LIGHTS and SIREN: Integration of Licensing and Incident Reporting Databases**

In a sense, LIGHTS and SIREN are parts of a single database. Your login is the same for both systems, and data common to both systems are automatically synchronized to ensure that their functions are based on consistent and current information.

Information pertaining to personnel, ambulances and agencies is managed only in the LIGHTS system and changes are automatically updated in the SIREN system. These updates are no longer made in SIREN system. **NOTE:** Records for non-transporting vehicles can still be managed in SIREN.

## **Browsers**

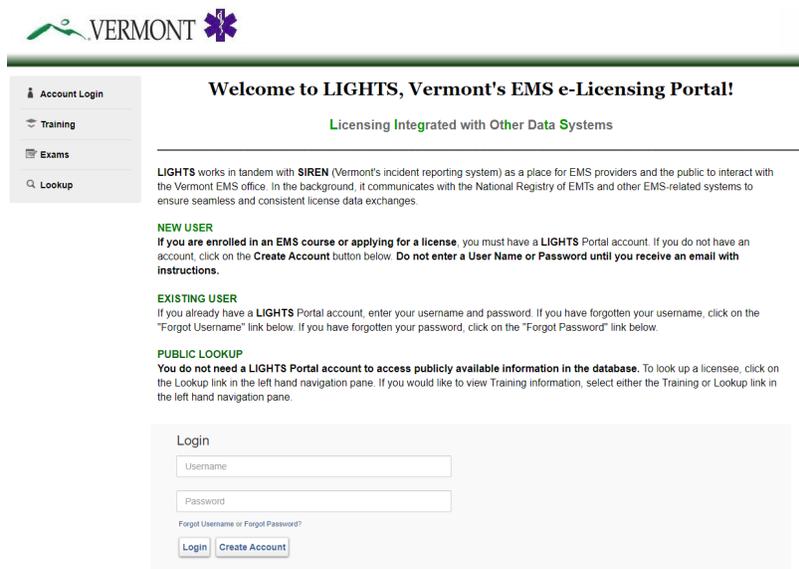
The Vermont LIGHTS system operates best in Google Chrome but will function in other browsers. If you have difficulty with functionality, try using a different browser before seeking technical assistance.

# **Section One: Getting Started**

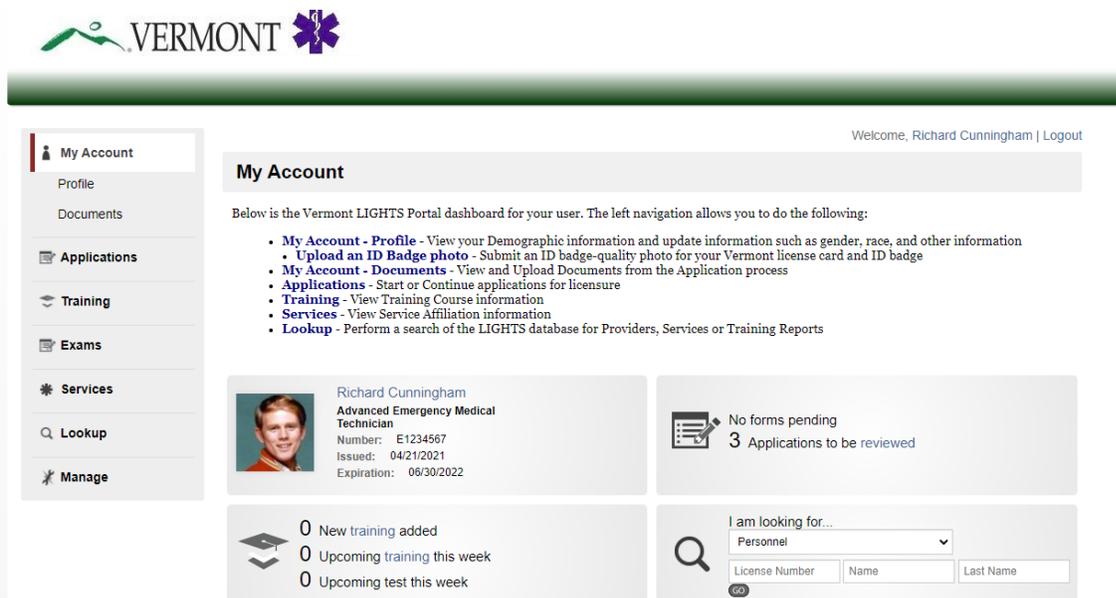
### Logging In for the First Time

If you have ever taken a Vermont EMS course or held a Vermont EMS license, you already have a LIGHTS account. If you have a SIREN account, your login information will also open LIGHTS. If you don't have a SIREN account, click on the **Forgot Username** option.

If you are new to the Vermont EMS system, click on the **Create Account** button.



Click on **My Account** in the left-hand navigation menu, then **Profile**. Verify that your license information, agency affiliations, demographic information is correct.



### Upload an ID Photo for your License Card

Click on the Person icon next to your name in the top box and follow the prompts for uploading your photo. Be sure the image is of your full face (no sunglasses or hats) against a solid (one color) background.



- My Account**
- Profile
- Training
- Exams
- Lookup



Training Administrator, VTEMS ()

Welcome, VTEMS Training Administrator | Logout

#### My Profile

Make any updates to your demographic information of your profile.

**Upload an ID Badge Photo** (your face against a solid [one color] background) for your license card by clicking on the icon next to your name in the box above.

When you are finished, click Save at the bottom of the page.

# **Section Two: Head of Service**

## Accessing the Agency's LIGHTS Core Record

As Head of Service, you may access your agency's records from the home screen of the LIGHTS Public Portal by selecting "Services" from the left-hand navigation menu. The following sub-topics will appear:

- Details
- Policies
- Medical Directors
- Personnel
- Vehicles
- Documents



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 Vermont Department of Health - EMS Office  
 Division of Emergency Preparedness, Response and Injury Prevention  
 108 Cherry Street, P.O. Box 70, Burlington, VT 05402  
 (802) 863-7310, [vtems@vermont.gov](mailto:vtems@vermont.gov)

**Details:** This section shows the agency's demographics, organizational structure and its appointed staff positions

**Policies:** If desired, use this section to keep your agency's policies, procedures and protocols

**Medical Directors:** Use this section to record your agency's medical director(s)

**Personnel:** This is a list of your agency's personnel. You can add or remove members from your agency's roster here, but use the **Update Personnel/Officers/Positions** application to assign Positions to staff members

**Vehicles:** This is a list of the vehicles currently on your agency's fleet roster

**Documents:** This is a list of documents generated for your agency by the LIGHTS database

## Verifying an Applicant's Agency Affiliation

When a person selects your EMS agency as their primary affiliation on a license application, you will need to verify that affiliation. You will receive an email from [noreply@imagetrend.com](mailto:noreply@imagetrend.com) notifying you that an agency affiliation request is waiting for your verification.

After logging into your account, select **Applications**, then **Review** from the left-hand navigation menu to reach the screen below. The name of the application and the applicant will appear in the first dark gray bar. You can review the application by clicking on the **View PDF** link in the Forms section (second dark gray bar). To initiate the affiliation verification, click on the **Start** button.

You can filter the list by selecting "Pending Agency Verification" in the **Select Application Status** field.

**Review Applications**

The *Continue* button will be displayed for each form that you need to review.

You can click the grey header bar for any application to expand or collapse the list of forms associated with that license. Additionally, you can use the filters and search box at the top of the page to narrow down which licenses are displayed on this page. After you have entered search criteria, click Go to search for licenses matching your criteria. If you want to view all licenses again, click Clear.

Select Application Status Q CLEAR

▼ Emergency Medical Responder (EMR) Initial License Application - (NREMT, Dan Fake)

Status: Pending Agency Verification

Number: 105010

Level(s): Emergency Medical Responder

Forms: 0 of 2 completed

Initiated On: Dec 11, 2020

Issue Date:

Expiration Date:

Forms			
Form	Requested	Completed	Action
Initial Emergency Medical Responder License Application	Dec 11, 2020	Dec 11, 2020	<a href="#">View PDF</a>
EMS Agency Affiliation Verification	Dec 11, 2020		<input type="button" value="Start"/>

At the next screen, answer the question, record the date, enter your LIGHTS password and click **Submit**.

**EMS Agency Affiliation Verification**

Agency Affiliation Verification

▼ Verification and Signature

To be eligible for Vermont licensure, the applicant must have an affiliation with a Vermont-licensed EMS agency or medical facility. Please complete this application and submit to the Vermont EMS office for review.

**\*Is this Applicant affiliated with your agency?**

Yes  
 No

**\*Application Date**

**\*Head of Service Signature**

Username: rwalker

Password:

### Agency Licensing Applications

Using your LIGHTS account as the Head of Service, you can perform several functions on behalf of your agency:

- Apply to renew your agency’s license
- Apply for a temporary ambulance vehicle license, which is required whenever you acquire a new ambulance
- Remove a vehicle from your roster when you retire it from your fleet
- Apply to change your agency’s license level
- Apply for a Critical Care Paramedic agency endorsement
- Update your LIGHTS personnel roster

After logging into your account, select **Applications** in the left-hand navigation menu to access the screen below, then click on **Service Applications** (in the gray bar).

**Available Applications**

Click "Apply Now" next to one of the licenses to apply to that license for this service.

My Applications
Service Applications

Filter By Service: Fake False Hope Ambulance (Fake Agency License #1) ▼

**Fake False Hope Ambulance (Fake Agency License #1)**

123 Fake Street, Burlington, Vermont 05402  
 Paramedic - Critical Care Endorsement -- Issued: 08/05/2020 -- Expires: 12/31/2020

Applications	Action
<p><b>Removal of Ambulance Vehicle from Agency Fleet</b></p> <p>This application is used to remove an ambulance vehicle from an agency's fleet.</p>	<div style="background-color: #004d00; color: white; padding: 5px 10px; border-radius: 3px; display: inline-block;">Apply Now</div>
<p><b>Temporary Ambulance Vehicle License Application</b></p> <p>This application is used to obtain a temporary license for a new ambulance vehicle. A permanent license will be issued after a satisfactory inspection.</p>	<div style="background-color: #004d00; color: white; padding: 5px 10px; border-radius: 3px; display: inline-block;">Apply Now</div>
<p><b>Initial Agency License Application</b></p> <p>This application is used for an initial license to start an ambulance or first responder service.</p>	<div style="background-color: #004d00; color: white; padding: 5px 10px; border-radius: 3px; display: inline-block;">Apply Now</div>
<p><b>Critical Care Paramedic Endorsement Application (Agency)</b></p> <p>This form is to be used by a Paramedic agency to receive a CCP endorsement</p>	<div style="background-color: #004d00; color: white; padding: 5px 10px; border-radius: 3px; display: inline-block;">Apply Now</div>
<p><b>Agency License Level Change Application</b></p> <p>Use this form to upgrade or downgrade your agency's license level. If this is an upgrade request, you must demonstrate that your agency will provide the necessary training and equipment and receive medical direction to offer care at the new level in accordance with EMS Rules 4.4.2.6, 4.4.2.11, 4.4.2.12, 5.4.3.6, 5.4.3.7 and 5.4.3.12.</p>	<div style="background-color: #004d00; color: white; padding: 5px 10px; border-radius: 3px; display: inline-block;">Apply Now</div>
<p><b>Agency License Renewal Application</b></p> <p>This application is used to renew an existing EMS agency license</p>	<div style="background-color: #004d00; color: white; padding: 5px 10px; border-radius: 3px; display: inline-block;">Apply Now</div>
<p><b>Update Agency Personnel / Officers / Positions</b></p> <p>Use this form to add and remove personnel and update officers and position assignments.</p>	<div style="background-color: #004d00; color: white; padding: 5px 10px; border-radius: 3px; display: inline-block;">Apply Now</div>

Records 1-7 of 7

### Agency License Renewal Application

After logging into your LIGHTS account, select **Applications** from the left-hand navigation menu and select *Agency License Renewal Application*. The application will be pre-populated with existing data in the system. Review the information on each page and edit as necessary. The application is separated into several sections. As you complete each page, click on the **Save and Continue** button at the bottom of the page. At the end of each section, click on the **Submit** button.

As you complete each section, you will be returned to the *Continue My Applications* screen. Begin the next section by clicking on the **Start** button. You may complete each section in any order.

**Agency License Renewal Application - (Fake False Hope Ambulance)**

Status: Application In Process Initiated On: Dec 11, 2020  
 Number: Fake Agency License #1 Issue Date:  
 Level(s): Paramedic - Critical Care Endorsement Expiration Date:  
 Forms: 0 of 4 completed

Service Application Package			
Form	Requested	Completed	Action
*Operations and System Integration	Dec 11, 2020		<a href="#">Start</a>
Vehicles Form	Dec 11, 2020		<a href="#">Start</a>
Personnel Roster and Qualifications Form	Dec 11, 2020		<a href="#">Start</a>
*Instructions and General Agency Information	Dec 11, 2020	Dec 11, 2020	<a href="#">View PDF</a>

When all sections are complete, a new screen will appear on the *Continue My Applications* list with an added section called **Additional Forms**. Click on the **Start** button for “Statements of Compliance and Signature Form” to complete the application process.

**Agency License Renewal Application - (Fake False Hope Ambulance)**

Status: Application In Process Initiated On: Dec 11, 2020  
 Number: Fake Agency License #1 Issue Date:  
 Level(s): Paramedic - Critical Care Endorsement Expiration Date:  
 Forms: 0 of 6 completed

Service Application Package			
Form	Requested	Completed	Action
*Operations and System Integration	Dec 11, 2020	Dec 11, 2020	<a href="#">View PDF</a>
Vehicles Form	Dec 11, 2020	Dec 11, 2020	<a href="#">View PDF</a>
Personnel Roster and Qualifications Form	Dec 11, 2020	Dec 11, 2020	<a href="#">View PDF</a>
*Instructions and General Agency Information	Dec 11, 2020	Dec 11, 2020	<a href="#">View PDF</a>

Additional Forms			
Form	Requested	Completed	Action
Statements of Compliance and Signature Form	Dec 11, 2020		<a href="#">Start</a>
Vermont Agency Certificate	Dec 11, 2020	Dec 11, 2020	<a href="#">View PDF</a>

Upon submission of your agency license renewal application, notifications will be emailed to the District Chairperson and District Medical Advisor to verify the EMS District's support of your agency's continued licensure.

### **Temporary Ambulance Vehicle License Application**

All ambulances (including loaner vehicles) that transport patients must be licensed. When an EMS agency obtains an ambulance, the agency must apply for and receive a temporary license before putting the ambulance into operation. A temporary ambulance license is valid from the date of issuance until the vehicle is inspected by the EMS Office and a new license is issued.

After logging into your LIGHTS account, select **Applications** from the left-hand navigation menu. Select **Temporary Ambulance Vehicle License Application** and follow the directions on the screen. After selecting "Add record to the service" in the **Action to Take** box, do one of the following:

- If the ambulance was previously licensed in Vermont, begin entering the Vehicle Identification Number (VIN) in the Find field
- If the ambulance was not licensed in Vermont, click on the **green Plus Sign** to the right of the Vehicle Information box to enter a new vehicle's information.

▼ Agency Information

Name

▼ Adding a New Ambulance

**Adding a new ambulance to your fleet**

1) In "Action to take" field in the Vehicle Information section below, select "Add record to the service"

2) Select the green + button on the right side of the next field and enter the following information for each new vehicle:

- Vehicle Identification Number (VIN)
- Ambulance (Box) Manufacturer
- Year the Ambulance (Box) was manufactured
- Chassis Manufacturer
- Year the Chassis was manufactured
- License Plate Number
- Unit Name/Number
- Ambulance Type (I, II, III, Helicopter)
- Ambulance License Level

▼ Vehicle Information

**\*Action to take**

Add record to the service
▼

This is the action that will be taken within the service for the Vehicle you select below.

**\*Vehicle Information (Please click the green + symbol at the end of this box to add vehicle information)**

Find
+

→ Save and Continue

Click on **Save and Continue**, sign and date the application on the next screen and click on the **Submit** button.

Once approved, the ambulance license will appear in your agency's LIGHTS record in **Documents** (in the left-hand navigation menu). Be sure to print this license and keep it in the vehicle with its other registration records.



The screenshot shows the Vermont EMS LIGHTS user interface. On the left is a navigation menu with the following items: My Account, Applications, Training, Exams, Services (highlighted with a red arrow), Details, Policies, Medical Directors, Personnel, Vehicles, Documents, Lookup, and Manage. The main content area displays information for 'Knuckle Draggers Body Movers, Inc. (9999)', including its address, license type (Paramedic), and issue/expiration dates. Below this is a 'Services Details' section with a note about expandable headers and tabs for Demographics, Organization, and Staff. A 'Details' section is also visible, listing attributes such as Name, Sync Method, Service Classification, Active status, Daylight Savings Time Use, Time Zone, and Email.

**NOTE: Do not enter ambulance vehicle records directly into SIREN.**

**Removing an Ambulance Vehicle from Agency Fleet**

When your agency retires an ambulance, you must update your fleet record in LIGHTS. After logging into your LIGHTS account, select **Applications** from the left-hand navigation menu, select your agency’s record, then select **“Removal of Ambulance Vehicle from Agency Fleet.”**

In the **Action to Take** field, select **“Remove record from the service”** and enter the Vehicle Identification Number in the Vehicle Information field. Do not add, change or delete any information for this vehicle.

▼ Agency Information

**Name**

▼ Vehicle Information

**\*Action to take**

Remove record from the service
▼

This is the action that will be taken within the service for the Vehicle you select below.

**\*Vehicle Information**



Click on the **Save and Continue** button, sign and date the application on the next screen and click on the **Submit** button. The vehicle will be removed from your agency’s vehicle fleet roster.

### Agency License Level Change

When your agency wishes to upgrade or downgrade its license level, you will need the approval of the EMS District Board and District Medical Advisor.

**NOTE:** You cannot use this application to apply for a Critical Care Paramedic endorsement. There is a separate application for this level.

After logging into your LIGHTS account, select **Applications** from the left-hand navigation menu, open your agency's record and select **"Agency License Level Change Application."**

VERMONT

Welcome, Richard Cunningham | Logout

**Available Applications**

Click "View My Applications" to view your personnel applications, or click one of the "View Service Applications" buttons to view the service licenses you can apply to for that service.

**Cunningham, Richard Fake (E1234567)**  
 Paramedic  
 Issue Date: 12/22/2020  
 Expiration Date: 12/31/2022

**Fake False Hope Ambulance (Fake Agency License #1)**  
 123 Fake Street, Burlington, Vermont 05402  
 Paramedic - Critical Care Endorsement -- Issued: 08/05/2020 -- Expires: 12/31/2020

**Fake False Hope Ambulance (Fake Agency License #1)**  
 123 Fake Street, Burlington, Vermont 05402  
 Paramedic - Critical Care Endorsement -- Issued: 08/05/2020 -- Expires: 12/31/2020

Applications	Action
<b>Removal of Ambulance Vehicle from Agency Fleet</b> This application is used to remove an ambulance vehicle from an agency's fleet.	Apply Now
<b>Temporary Ambulance Vehicle License</b> This application is used to obtain a temporary license for a new ambulance vehicle. A permanent license will be issued after a satisfactory inspection.	Apply Now
<b>Initial Agency License</b> This application is used for an initial license to start an ambulance or first responder service.	Apply Now
<b>Critical Care Paramedic Endorsement (Agency)</b> This form is to be used by a Paramedic agency to receive a CCP endorsement	Apply Now
<b>Agency License Level Change</b> Use this form to upgrade or downgrade your agency's license level. If this is an upgrade request, you must demonstrate that your agency will provide the necessary training and equipment and receive medical direction to offer care at the new level in accordance with EMS Rules 4.4.2.6, 4.4.2.11, 4.4.2.12, 5.4.3.6, 5.4.3.7 and 5.4.3.12.	Apply Now
<b>Agency License Renewal</b> This application is used to renew an existing EMS agency license	Apply Now
<b>Update Agency Personnel / Officers / Positions</b> Use this form to add and remove personnel and update officers and position assignments.	Apply Now

Choose the *Requested License Level* and click on the **Save and Continue** button.

**Agency License Level Change Application Form**

Agency Name and Requested License Level | Signature

▼ Agency Name and Requested License Level

Name  
Optimistic Ambulance Agency, Inc.

Current Certification Level

EMR

EMT

Advanced EMT

Paramedic

Paramedic - Critical Care Endorsement

\*Requested License Level

EMR

EMT

Advanced EMT

Paramedic

Paramedic - Critical Care Endorsement

On Upgrade applications, a new tab will appear on the application. On the new tab, describe how the agency will obtain the necessary training, supplies, medication and equipment. If you wish, you may upload additional documents. Click on **Save and Continue** (at the bottom of the page), then sign and submit the application.

**Agency License Level Change Application Form**

Agency Name and Requested License Level | Verification of Education, Medications and Equipment | Signature

▼ Education Verification

\*Please describe how the higher-level education will be made available to providers

Attach additional documentation, if desired

Name

Description

▼ Medications Verification

\*Please describe how the higher-level medications will be obtained, stored, maintained and restricted to the providers authorized to use it

Your District Chairperson and District Medical Advisor will be notified by email to review and approve your application. Once they have done so, the EMS office will review the application and issue the new license if all requirements are satisfactorily met.

### Update Agency Personnel / Officers / Positions

The agency’s Head of Service and Secretary are permitted to update your agency’s Personnel List, which includes the assignment of Officers and other Positions. To enable District Chairpersons and District Medical Advisors to approve license applications, these persons are included on your agency’s Personnel List.

After logging into your LIGHTS account, select **Applications** from the left-hand navigation menu and select **“Update Personnel/Officers/Positions.”**

To add a new person to the roster, click on the **Add Another** button. To edit an existing person’s record, click on the blue **Edit Icon** to the left of the person’s name. A list of Positions will appear – de-select any Positions the person will no longer hold and select the person’s new Position(s). When you are finished, click on the **Done** button. To remove a person from the Personnel List, click on the **Remove** button.

**NOTE: Do not enter new personnel records (other than billing and administrative staff) directly into SIREN.**

**\*Agency Name**

User	Position
<input checked="" type="checkbox"/> Fake VT DistrictChair (none)	District Chairperson
<input checked="" type="checkbox"/> Fake VT DMA (none)	District Medical Advisor
<input checked="" type="checkbox"/> Raymond Walker (8872)	Head of Service
<input type="checkbox"/> Merrill NREMT (Merrill AEMT Cert)	Infection Control Officer
<input checked="" type="checkbox"/> Harry Hopeless (10155888)	Primary Training Officer
<input checked="" type="checkbox"/> Josephine NREMT (105009)	Secretary

**\*User**

**Position**

- Alternative District Board Representative
- District Board Representative
- District Chairperson
- District Medical Advisor
- District Training Coordinator
- ePCR Representative
- Head of Service
- Infection Control Officer
- Pediatric Emergency Care Coordinator (PECC)
- Pilot
- Primary Training Officer
- Secondary Training Officer
- Secretary
- Service Medical Director

At the bottom of the screen, answer the question, record the date, enter your LIGHTS password and click **Submit**. All changes will become effective immediately.

### Quarterly Records Updates

It is important that agencies keep their LIGHTS record updated and accurate. The EMS office sends a quarterly email to Heads of Service and Secretaries reminding them to review the *Demographics*, *Organization* and *Staff* information. This information can be found by clicking on **Services** in the left-hand navigation menu.



My Account

Applications

Training

Exams

**Services**

Inspections

Lookup

Manage

Demographics | Organization | Staff

Details

Name: Fake False Hope Ambulance  
Sync Method: Vermont SIREN  
Elite Region: ImageTrend Region  
Synced To Elite: Yes  
Service Classification:  
Active: Yes  
Daylight Savings Time Use: Yes  
Time Zone: GMT-5:00 Eastern Time  
Email: hopelesssharryvt@gmail.com

Demographic and Organization information should not change often, but if they do, please contact the EMS office to update the record. Update the Staff information using the *“Update Personnel/Officers/Positions”* form in **Applications**.

### Critical Care Paramedic Agency Endorsement

A Paramedic level ambulance agency may apply for an endorsement to operate at the Critical Care Paramedic level. To qualify, your agency must have CCP protocols that have been approved by your agency’s District Medical Advisor and the State EMS Medical Director.

After logging into your LIGHTS account, select **Applications** from the left-hand navigation menu and select **“Critical Care Paramedic Endorsement Application (Agency).”**

Fake False Hope Ambulance (Fake Agency License #1)	
 123 Fake Street, Burlington, Vermont 05402 Paramedic - Critical Care Endorsement -- Issued: 08/05/2020 -- Expires: 12/31/2020	
Applications	Action
<b>Removal of Ambulance Vehicle from Agency Fleet</b> This application is used to remove an ambulance vehicle from an agency's fleet.	<a href="#">Apply Now</a>
<b>Temporary Ambulance Vehicle License</b> This application is used to obtain a temporary license for a new ambulance vehicle. A permanent license will be issued after a satisfactory inspection.	<a href="#">Apply Now</a>
<b>Initial Agency License</b> This application is used for an initial license to start an ambulance or first responder service.	<a href="#">Apply Now</a>
<b>Critical Care Paramedic Endorsement (Agency)</b> This form is to be used by a Paramedic agency to receive a CCP endorsement	<a href="#">Apply Now</a>
<b>Agency License Level Change</b> Use this form to upgrade or downgrade your agency's license level. If this is an upgrade request, you must demonstrate that your agency will provide the necessary training and equipment and receive medical direction to offer care at the new level in accordance with EMS Rules 4.4.2.6, 4.4.2.11, 4.4.2.12, 5.4.3.6, 5.4.3.7 and 5.4.3.12.	<a href="#">Apply Now</a>
<b>Agency License Renewal</b> This application is used to renew an existing EMS agency license	<a href="#">Apply Now</a>
<b>Update Agency Personnel / Officers / Positions</b> Use this form to add and remove personnel and update officers and position assignments.	<a href="#">Apply Now</a>



On the first tab, select “Paramedic – Critical Care Endorsement” then click on the **Save and Continue** button.

**Critical Care Paramedic Endorsement Application (Agency)**

Agency Name and Requested License Level | Critical Care Paramedic Endorsement Requirements | Signature

▼ Agency Name and Requested License Level

Name

Please select "Paramedic - Critical Care Endorsement" below.

\*Requested License Level  
 Paramedic - Critical Care Endorsement



On the next tab, upload and name your agency’s CCP protocols document, then click on the **Save and Continue** button.

**Critical Care Paramedic Endorsement Application (Agency)**

Agency Name and Requested License Level   **Critical Care Paramedic Endorsement Requirements**   Signature

▼ **Critical Care Paramedic Requirements**

To qualify for a Critical Care Paramedic endorsement, an agency must be licensed at the Paramedic level and submit a copy of its CCP protocols for review and approval by the State EMS Medical Director.

Your agency's CCP designation comes with the expectation that you will engage in quality improvement and quality assurance through an annual credentialing program administered by your agency's medical director and approved by your District Medical Advisor. Paramedics with a VT-CCP endorsement credentialed by your agency may operate under a scope of practice as outlined by these CCP protocols.

\*Please attach a copy of your agency's draft Critical Care Paramedic protocols for review by the State EMS Medical Director



\*Name



On the last tab, sign the application and click on the **Submit** button. Your District Medical Advisor and the State Medical Director will be notified to review and approve the application.

Upon final approval, you will receive an email from [noreply@imagnetrend.com](mailto:noreply@imagnetrend.com), and a license certificate will be issued. You can access and print this certificate from **Documents** in the left-hand navigation menu.

# **Section Three: District Medical Advisor**

### Accessing Agency LIGHTS Core Records

You may access the records of each agency in your district from the home screen of the LIGHTS Public Portal by selecting **Services** from the left-hand navigation menu.



- My Account
- Profile
- Documents
- Applications
- Training
- Exams
- Services**
- Lookup
- Manage

Welcome, Richard Cunningham | Logout

#### My Account

Below is the Vermont LIGHTS Portal dashboard for your user. The left navigation allows you to do the following:

- My Account Profile** - View your Demographic information and update information such as gender, race, and other information
- My Account Documents** - View and Upload Documents from the Application process
- Applications** - Start or Continue applications for licensure
- Training** - View Training Course information
- Services** - View Service Affiliation Information
- Lookup** - Perform a search of the LIGHTS database for Providers, Services or Training Reports

**Richard Cunningham**  
Emergency Medical Responder  
Number: E1234567  
Issued: 08/04/2020  
Expiration: 08/30/2022

3 Forms pending completion  
0 Application to be reviewed

0 New training added  
0 Upcoming training this week  
0 Upcoming test this week

I am looking for...  
Personnel  
License Number    Name    Last Name

Login to Elite for Fake False Hope Ambulance

© 2020 ImageTrend, Inc.  
Vermont Department of Health - EMS Office  
Division of Emergency Preparedness, Response and Injury Prevention  
108 Cherry Street, PO Box 70, Burlington, VT 05402  
(802) 863-7310, [vtems@vermont.gov](mailto:vtems@vermont.gov)



- My Account
- Applications
- Training
- Exams
- Services**
- Lookup

Welcome, Fake VT DMA | Logout

#### All Service

Click the name of the service to view additional details about it. Use the search box to find a specific service or click the alphabet links to look for services beginning with a specific letter.

Services	Service Permit Level	Address	City	County	Phone
Above Average Fake Ambulance Agency (0099)		108 Cherry Street	Burlington	Chittenden	802-363-2558
District 00 - VTEMS Office (-00)	Paramedic				802-863-7310
Fake Ambulance (FA1234567890)		108 Cherry Street	Burlington	Chittenden	
Fake False Hope Ambulance (Fake Agency License #1)	Paramedic	123 Fake Street	Burlington		111-111-1111
Fake Flakes Ambulance Agency (0098)		147 Bayberry Circle #202	Burlington	Chittenden	802-363-2558
Fake VT Rescue Squad (FVT12345)	Paramedic	123 Main Street	East Johnson	Lamoille	802-656-5656
Friendly Fakester Ambulance Service					
Happy Days Ambulance Service					111-111-1111
Last Resort Response Squad					
NORTH ADAMS AMBULANCE SERVICE (1204)		PO Box 1045	North Adams	Berkshire	

Records 1-10 of 13 | First | Previous | Next | Last | Page 1 | Per Page 10

### District Medical Advisor Responsibilities for EMS Licenses

As District Medical Advisor, you are responsible for reviewing license applications for agencies and personnel in your district and verifying that you will provide medical direction to the applicant.

Agency applications include initial licensure, renewed licensure, license level change and Critical Care Paramedic endorsement. Personnel applications include advanced level licensure at the AEMT, Paramedic and Critical Care Paramedic levels.

### Agency Affiliations

LIGHTS does not have entities called Districts. You are linked to every agency in your district as a “member” on their Personnel list.

### Verifying Medical Direction

When an EMS agency or an advanced license level candidate applies for a license, you will receive an email from [noreply@imagetrend.com](mailto:noreply@imagetrend.com) notifying you that a request for medical direction verification is awaiting your response.

After logging into your account, select **Applications**, then **Review** from the left-hand navigation menu to reach the screen below. (Alternatively, you can access the application in the top right box by clicking on the “[X] Application(s) to be reviewed” link.)



Welcome, Fake VT DMA | Logout

**My Account**

Below is the Vermont LIGHTS Portal dashboard for your user. The left navigation allows you to do the following:

- **My Account Profile** - View your Demographic Information and update information such as gender, race, and other information
- **My Account Documents** - View and Upload Documents from the Application process
- **Applications** - Start or Continue applications for licensure
- **Training** - View Training Course Information
- **Services** - View Service Affiliation Information
- **Lookup** - Perform a search of the LIGHTS database for Providers, Services or Training Reports

Fake VT DMA  
Number:  
Issued:  
Expiration:

No forms pending  
1 Application to be reviewed

I am looking for...  
Personnel  
License Number Name Last Name

Login to Elite for Fake False Hope Ambulance

The name of the application and the applicant will appear in the first dark gray bar. You can review the application by clicking on the **View PDF** link in the **Forms** section (second dark gray bar). To initiate the medical direction verification, click on the **Start** button.

You can filter the list by selecting “Pending District Medical Advisor Verification” in the **Select Application Status** field.

At the next screen, answer the question, record the date, enter your LIGHTS password and click **Submit**.

### Agency Critical Care Paramedic Endorsement

If the agency application is for a CCP Endorsement, you must review the agency’s proposed CCP Protocols before verifying medical direction for the agency. On the **Review Applications** page, select **“View PDF”** to open the application.



**My Account**

- Applications
- Continue
- Review 2
- Training
- Exams
- Services
- Lookup

Welcome, Fake VT DMA | Logout

#### Review Applications

The *Continue* button will be displayed for each form that you need to review.

You can click the grey header bar for any application to expand or collapse the list of forms associated with that license. Additionally, you can use the filters and search box at the top of the page to narrow down which licenses are displayed on this page. After you have entered search criteria, click Go to search for licenses matching your criteria. If you want to view all licenses again, click Clear.

Select Application Status 🔍 CLEAR

**▼ Paramedic Initial License Application - (Cunningham, Richard Fake)**

<p>Status: Pending Agency Verification                      Number: E1234567                      Level(s): Paramedic                      Forms: 0 of 2 completed</p>	<p>Initiated On: Dec 28, 2020                      Issue Date:                      Expiration Date:</p>
--	--

Form	Requested	Completed	Action
Initial Paramedic License Application	Dec 28, 2020	Dec 28, 2020	<a href="#">View PDF</a>
District Medical Advisor Verification	Dec 28, 2020		<a href="#">Start</a>

Locate the hyperlink to the proposed protocols in the *Critical Care Paramedic Endorsement Requirements* section (second dark gray bar).

**Agency Name and Requested License Level**

Agency Name and Requested License Level

Name

Please select "Paramedic - Critical Care Endorsement" below.

\*Requested License Level

Paramedic - Critical Care Endorsement

**Critical Care Paramedic Endorsement Requirements**

Critical Care Paramedic Requirements

To qualify for a Critical Care Paramedic endorsement, an agency must be licensed at the Paramedic level and submit a copy of its CCP protocols for review and approval by the State EMS Medical Director.

Your agency's CCP designation comes with the expectation that you will engage in quality improvement and quality assurance through an annual credentialing program administered by your agency's medical director and approved by your District Medical Advisor. Paramedics with a VT-CCP endorsement credentialed by your agency may operate under a scope of practice as outlined by these CCP protocols.

\*Please attach a copy of your agency's draft Critical Care Paramedic protocols for review by the State EMS Medical Director

[Change File](#)

\*Name

**Signature**

Head of Service Signature

By signing this application, I attest that this EMS agency can provide the necessary training, equipment and medications and has the medical direction to offer care at the requested level.

\*Application Date  
 Today

\*Head of Service Signature

Go back to the Review Applications page and click on the Start button.

Welcome, Fake VT DMA | Logout

### Review Applications

The *Continue* button will be displayed for each form that you need to review.

You can click the grey header bar for any application to expand or collapse the list of forms associated with that license. Additionally, you can use the filters and search box at the top of the page to narrow down which licenses are displayed on this page. After you have entered search criteria, click Go to search for licenses matching your criteria. If you want to view all licenses again, click Clear.

Select Application Status

▼ Paramedic Initial License Application - (Cunningham, Richard Fake)

Status: Pending Agency Verification      Initiated On: Dec 28, 2020  
 Number: E1234567      Issue Date:  
 Level(s): Paramedic      Expiration Date:  
 Forms: 0 of 2 completed

Form	Requested	Completed	Action
Initial Paramedic License Application	Dec 28, 2020	Dec 28, 2020	View PDF
District Medical Advisor Verification	Dec 28, 2020		<input checked="" type="button" value="Start"/>

Indicate your support for the endorsement, date and sign the application then click on the **Submit** button.

Welcome, Fake VT DMA | Logout

### District Medical Advisor Verification

DMA Verification

▼ DMA Verification and Signature

\*Do you attest that the Applicant meets local medical direction requirements and should be licensed at the Paramedic level?  
 Yes  
 No

\*Signature Date  
 Today

\*DMA Signature  
 Username: FVTDMA  
 Password:

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The final step in the Agency CCP Endorsement application process is approval by the State EMS Medical Director. After you submit the application, the State Medical Director will be notified by LIGHTS via email that the application is awaiting their approval.

**Course Medical Director Approval for EMS Courses**

If you are serving as a Medical Director for a course leading to state EMS licensure, please see ***Section Seven: District Support for EMS Courses.***

# **Section Four: District Chairperson**

### **District Chairperson Responsibilities for EMS Licenses**

As District Chairperson, you are responsible for reviewing license applications for agencies in your district and conveying the District Board’s support. Agency applications include initial licensure, renewed licensure, license level change and Critical Care Paramedic endorsement.

### **Agency Affiliations**

LIGHTS does not have entities called Districts. You are linked to every agency in your district as a “member” on their Personnel list.

### **District Board Review and Recommendations**

When an EMS agency applies for a license, you will receive an email from [noreply@imagetrend.com](mailto:noreply@imagetrend.com) notifying you that a request for the District Board’s recommendation is awaiting your response.

After logging into your account, select **Applications**, then **Review** from the left-hand navigation menu to reach the screen below. (Alternatively, you can access the application in the top right box by clicking on the “[X] Application(s) to be reviewed” link.)

The screenshot shows the Vermont EMS LIGHTS Portal dashboard. At the top, there is a green header with the Vermont logo and the text "VERMONT". Below the header, a navigation menu is visible on the left side, with "Applications" highlighted by a red arrow. The main content area is titled "My Account" and includes a welcome message: "Welcome, Fake VT DMA | Logout". Below this, there is a list of actions: "My Account Profile", "My Account Documents", "Applications", "Training", "Services", and "Lookup". A red arrow points to the "Applications" link. The dashboard also features a user profile card for "Fake VT DMA" with fields for "Number:", "Issued:", and "Expiration:". To the right of the profile card, there is a summary box showing "No forms pending" and "1 Application to be reviewed", with a red arrow pointing to the "1 Application to be reviewed" link. Below the summary box, there is a search section titled "I am looking for..." with a dropdown menu set to "Personnel" and input fields for "License Number", "Name", and "Last Name". At the bottom of the dashboard, there is a "Login to Elite for Fake False Hope Ambulance" button.

## Initial and Renewal Agency License Applications

The agency license application is comprised of several sections:

- Instructions and General Agency Information
- Operations and Systems Integration
- Personnel Credentialing and Continuing Education
- Vehicles
- Public Notice (For Initial Licenses)
- Statements of Compliance

You can review the application components by clicking on the **View PDF** links. To initiate the District Review and Recommendation, click on the **Start** button.

The screenshot displays the 'Review Applications' page. On the left is a navigation sidebar with 'My Account', 'Applications', 'Training', 'Exams', 'Services', and 'Lookup'. The 'Applications' section is active, showing 'Continue' and 'Review 1'. The main content area is titled 'Review Applications' and includes a search bar and a 'CLEAR' button. Below this, a summary for 'Initial Agency License Application - (Walker, Raymond K)' is shown, including details like 'Services: Lightsfaker EMS Enterprises, Inc.', 'Status: Application In Process', 'Number:', 'Level(s): Paramedic', 'Forms: 0 of 7 completed', 'Initiated On: Dec 24, 2020', 'Issue Date:', and 'Expiration Date:'. Two tables are present: 'Service Application Package' and 'Additional Forms'. The 'Service Application Package' table has columns for 'Form', 'Requested', 'Completed', and 'Action'. It lists four forms: '\*Operations and System Integration', '\*Personnel, Credentialing and Continuing Education Form', '\*Vehicles', and '\*Public Notice', each with a 'View PDF' link. A red arrow points to the 'View PDF' link for the 'Personnel, Credentialing and Continuing Education Form'. The 'Additional Forms' table has the same columns and lists three forms: '\*Instructions and General Agency Information', '\*Statements of Compliance and Signature Form', and '\*District Board Review and Recommendations'. The 'Start' button for the last form is highlighted with a red arrow.

A list of questions will appear. If any of your responses reflect adversely on the agency, you will be asked to explain.



- My Account**
- Applications**
- Continue
- Review **1**
- Training
- Exams
- Services
- Lookup

Welcome, Fake VT DistrictChair | Logout

**\*District Board Review and Recommendations**

Instructions (EMS Rule 4.5, 5.5)

Upon receipt of an agency license application, the District Board must review the application and make a recommendation for approval or denial by the Department of Health. If the District Board recommends denial of the license, please provide an explanation.

**▼ District Policies**

\*Has the applicant received a copy of the district policies, procedures and protocols?  
 Yes  
 No

**▼ District Board Representation**

\*Has the applicant appointed a representative to the district board?  
 Yes  
 No

**▼ Vehicles**

\*If the applicant is an ambulance agency, does it have the necessary ambulances to support the proposed operations?  
 Yes  
 No  
 The applicant is not an ambulance agency

**▼ Equipment**

\*Does the applicant have the necessary equipment to support the proposed operations?  
 Yes  
 No

**▼ Service Area**

\*Does the District Board, in conjunction with municipal officials, agree that the service's primary coverage area is as outlined in this application?  
 Yes  
 No

**▼ Mutual Aid & MCI Plans**

\*Has the applicant agreed to participate in the EMS District's response plans for mutual aid/mass casualty incidents and other district policies and procedures?  
 Yes  
 No

**▼ Dispatching & Communications**

\*Does the applicant have satisfactory arrangements for dispatching and communications?  
 Yes  
 No

**▼ Trained Personnel**

\*Does the applicant have an adequate number of personnel trained at level(s) to support operations as proposed in this application?  
 Yes  
 No

**Education & Quality Improvement**

\*Does the applicant have adequate plans for initial and continuing education, credentialing and quality improvement?

Yes

No

**Operational Agreements**

\*Does the applicant have the required operational letter(s) of agreement?

Yes

No

Not Applicable

**Improvements Required**

\*Should this applicant make any changes or improvements?

Yes

No

**License Recommendation**

\*Do you recommend that the applicant be issued a license at this time?

Yes

Yes - With Conditions

No

At the next screen, indicate the District Board’s support, record the date, enter your LIGHTS password and click **Submit**.

**District Chair Signature**

\*Do you attest that the District Board has reviewed this application and agrees to the recommendations made herein?

Yes

No

\*Date of Signature

 Today

\*District Chair Signature

Username: FVTDistrictChair

Password:



**District Approval for EMS Courses**

The District Chairperson must verify the District’s support for all courses leading to state EMS licensure. Please see **Section Seven: District Support for EMS Courses**.

### Quarterly Records Updates

It is important that Districts keep their LIGHTS record updated and accurate. The EMS office sends a quarterly email to District Chairs reminding them to review the *Demographics, Organization and Staff* information. This information can be found by clicking on **Services** in the left-hand navigation menu (Districts are “Services” in LIGHTS).

Services	Service Permit Level	Address	City	County	Phone
Above Average Fake Ambulance Agency (0099)		108 Cherry Street	Burlington	Chittenden	802-363-2558
District 00 - VTEMS Office (-00)	Paramedic				802-863-7310
District 7 (Addison County) (-07)					
Fake False Hope Ambulance (Fake Agency License #1)	Paramedic	123 Fake Street	Burlington		111-111-1111
Fake Flakes Ambulance Agency (0098)		147 Bayberry Circle #202	Burlington	Chittenden	802-363-2558
Fake VT Rescue Squad (FVT12345)	Paramedic	123 Main Street	East Johnson	Lamoille	802-656-5656
Friendly Fakester Ambulance Service					
Happy Days Ambulance Service					111-111-1111
Last Resort Response Squad					
Lightsfaker EMS Enterprises, Inc.	Paramedic	123 Lightsfaker Way	Burlington	Chittenden	

Demographic and Organization information should not change often, but if they do, please contact the EMS office to update the record. To make changes to District personnel, the District Chair can submit an “*Update Personnel/Officers/Positions*” form in **Applications**.

Applications	Action
<b>Removal of Ambulance Vehicle from Agency Fleet</b> This application is used to remove an ambulance vehicle from an agency's fleet.	<a href="#">Apply Now</a>
<b>Temporary Ambulance Vehicle License</b> This application is used to obtain a temporary license for a new ambulance vehicle. A permanent license will be issued after a satisfactory inspection.	<a href="#">Apply Now</a>
<b>Initial Agency License</b> This application is used for an initial license to start an ambulance or first responder service.	<a href="#">Apply Now</a>
<b>Critical Care Paramedic Endorsement (Agency)</b> This form is to be used by a Paramedic agency to receive a CCP endorsement	<a href="#">Apply Now</a>
<b>Agency License Level Change</b> Use this form to upgrade or downgrade your agency's license level. If this is an upgrade request, you must demonstrate that your agency will provide the necessary training and equipment and receive medical direction to offer care at the new level in accordance with EMS Rules 4.4.2.6, 4.4.2.11, 4.4.2.12, 5.4.3.6, 5.4.3.7 and 5.4.3.12.	<a href="#">Apply Now</a>
<b>Agency License Renewal</b> This application is used to renew an existing EMS agency license	<a href="#">Apply Now</a>
<b>Update Agency Personnel / Officers / Positions</b> Use this form to add and remove personnel and update officers and position assignments.	<a href="#">Apply Now</a>

After logging into your LIGHTS account, select **Applications** from the left-hand navigation menu and select **“Update Personnel/Officers/Positions.”**

To add a new person to the roster, click on the **Add Another** button. To edit an existing person’s record, click on the blue **Edit Icon** to the left of the person’s name. A list of Positions will appear – de-select any Positions the person will no longer hold and select the person’s new Position(s). When you are finished, click on the **Done** button. To remove a person from the Personnel List, click on the **Remove** button.

\*Agency Name

Optimistic Ambulance Agency, Inc.

User	Position
<input checked="" type="checkbox"/> Fake VT DistrictChair (none)	District Chairperson
<input checked="" type="checkbox"/> Fake VT DMA (none)	District Medical Advisor
<input checked="" type="checkbox"/> Raymond Walker (8872)	Head of Service
<input checked="" type="checkbox"/> Merrill NREMT (Merrill AEMT Cert)	Infection Control Officer
<input checked="" type="checkbox"/> Harry Hopeless (10155888)	Primary Training Officer
<input checked="" type="checkbox"/> Josephine NREMT (105009)	Secretary

**+ Add Another**

\*User

Merrill NREMT (Merrill AEMT Cert)

Position

Alternative District Board Representative

District Board Representative

District Chairperson

District Medical Advisor

District Training Coordinator

ePCR Representative

Head of Service

Infection Control Officer

Pediatric Emergency Care Coordinator (PECC)

Pilot

Primary Training Officer

Secondary Training Officer

Secretary

Service Medical Director

Done  Remove

At the bottom of the screen, answer the question, record the date, enter your LIGHTS password and click **Submit**.

All changes will become effective immediately.

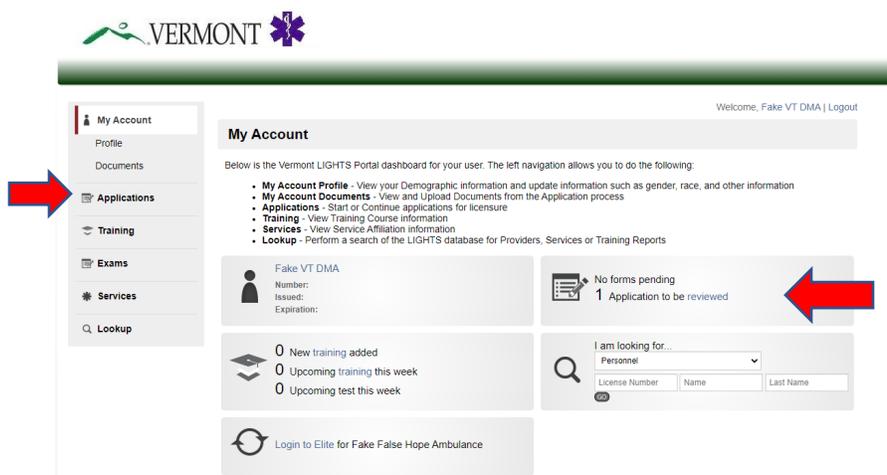
# **Section Five: Training Officer**

### Verifying Continuing Education

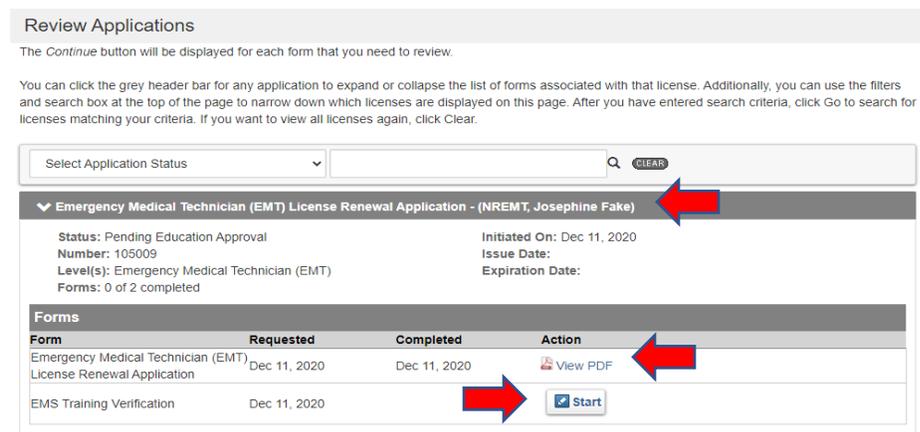
If a member of your agency does not hold a National Registry of EMTs certification matching their Vermont license level, they are required to submit documentation of continuing education on their state license renewal application. It is the training officer’s responsibility to review and verify continuing education. When an application is ready for your review, you will receive an email notification from [noreply@imagetrend.com](mailto:noreply@imagetrend.com).

**NOTE:** For AEMTs with a National Registry EMT certification, LIGHTS will only require them to document the 10 hours of gap material between the EMT and AEMT National Continued Competency Requirements.

After logging into your LIGHTS account, select **Applications**, then **Review** from the left-hand navigation menu to reach the screen below. (Alternatively, you can access the application in the top right box by clicking on the “[X] Application(s) to be reviewed” link.)



The name of the application and the applicant will appear in the first dark gray bar. You can review the application by clicking on the **View PDF** link in the Forms section (second dark gray bar). To initiate the affiliation verification, click on the **Start** button.



The record of continuing education begins on page 3 of the application PDF. It shows a breakdown of the required topics and hours for the license level and the applicant’s completion status, followed by a Training History section (training name, date, location and topic) and PDFs of continuing education certificates.

Continuing Education

Continuing Education  
**Do NOT upload your Certificates in each Training record. Please upload ALL Certificates using the File Upload at the bottom of this page.**

Supplemental Training

Applying Level: Emergency Medical Technician (EMT)  
 Training Requirements: Complete

^ EMT Renewal - National - Airway/Ventilation

Topics	Required	Max	Completed	Remaining
National-Airway-Ventilation	1.00	-	1.00	0.00
National-Airway-Oxygenation	0.50	-	1.00	0.00
<b>Requirement Total:</b>	<b>1.50</b>	-	<b>1.50 (0.50)</b>	<b>0.00</b>

[+ Add Training](#)

AND

^ EMT Renewal - National - Cardiovascular

Topics	Required	Max	Completed	Remaining
National-Cardiovascular-Post Resuscitative Care	0.50	-	1.00	0.00
National-Cardiovascular-Stroke	1.00	-	2.00	0.00
National-Cardiovascular-Cardiac Arrest	2.00	-	2.00	0.00
National-Cardiovascular-Pediatric Cardiac Arrest	2.00	-	2.00	0.00
National-Cardiovascular-VADs	0.50	-	1.00	0.00
<b>Requirement Total:</b>	<b>6.00</b>	-	<b>6.00 (2.00)</b>	<b>0.00</b>

[+ Add Training](#)

AND

**Training History:**  
 Trainings from 12/22/18 to 12/22/20 are valid towards the above requirements.

Course Name	Date	Location	Certificate	Topic Hours
Fake	2/21/20			EMR-State/Local District/Agency Specific Topic - 1.00
Fake	2/21/20			EMR-Individual Topic - 4.00
Instructor/Coordinator Course	6/6/19	Chelsea Fire Department		Instructor/Coordinator Initial Course - 40.00

---

Continuing Education Certificates

[Fake CE: EMS Plan.docx](#)  
[Faker CE: VT EMS District and Agency Leadership.xlsx](#)

Self-Disclosed Security Questionnaire

Once you have verified the training has met all license renewal requirements, close the application PDF. Return to the **Review Applications** page and click on the **Start** button.

Welcome, Fake VT DMA | Logout

### Review Applications

The *Continue* button will be displayed for each form that you need to review.

You can click the grey header bar for any application to expand or collapse the list of forms associated with that license. Additionally, you can use the filters and search box at the top of the page to narrow down which licenses are displayed on this page. After you have entered search criteria, click Go to search for licenses matching your criteria. If you want to view all licenses again, click Clear.

Select Application Status

**Paramedic Initial License Application - (Cunningham, Richard Fake)**

Status: Pending Agency Verification      Initiated On: Dec 28, 2020  
 Number: E1234567      Issue Date:  
 Level(s): Paramedic      Expiration Date:  
 Forms: 0 of 2 completed

Form	Requested	Completed	Action
Initial Paramedic License Application	Dec 28, 2020	Dec 28, 2020	View PDF
District Medical Advisor Verification	Dec 28, 2020		<input type="button" value="Start"/>

At the next screen, answer the question, record the date, enter your LIGHTS password and click **Submit**.

Welcome, Harry Hopeless | Logout

### EMS Training Verification

Training Officer Verification

**Verification and Signature**

As Training Officer, you must review the applicant's documentation of continued competency education and attest that the documentation is factual and correct. Please complete this application and submit it to the Vermont EMS office for review.

\*Is the continued competency education documented in this application factual and correct?  
 Yes  
 No

\*Signature Date

\*Training Officer Signature  
 Username: HHopeless  
 Password:

# **Section Six: Instructor/Coordinator**

### Applying for EMS Course Approval

After logging into your account, select **Applications**, then **Training** from the left-hand navigation menu to reach the screen below. At the next screen, select **Manage Courses (or Requests)**, then click on the **Apply for Course Approval** button.

VERMONT

Welcome, Harry Hopeless | Logout

**My Account**

Below is the Vermont LIGHTS Portal dashboard for your user. The left navigation allows you to do the following:

- **My Account Profile** - View your Demographic information and update information such as gender, race, and other information
- **My Account Documents** - View and Upload Documents from the Application process
- **Applications** - Start or Continue applications for licensure
- **Training** - View Training Course information
- **Services** - View Service Affiliation information
- **Lookup** - Perform a search of the LIGHTS database for Providers, Services or Training Reports

Harry Hopeless  
Emergency Medical Responder  
Number: 10155888  
Issued: 06/18/2019  
Expiration: 12/31/2020

2 Forms pending completion  
18 Applications to be reviewed

I am looking for...  
Personnel  
License Number Name Last Name

0 New training added  
0 Upcoming training this week  
0 Upcoming test this week

Login to Elite for Fake False Hope Ambulance

VERMONT

Welcome, Richard Cunningham | Logout

**My Training Requests**

Apply For Course Approval

mm/dd/yyyy to mm/dd/yyyy Today Select Status Training

Name	Number	Status	Training Date	Trainer Name	Location	Submitted Date	Closing Date
No Records							

Records 0-0 of 0 | First | Previous | Next | Last | Per Page 10

Before starting the course approval application, be sure you have all the necessary information listed below.



**My Account**

- Applications
- Training**
  - Manage Courses
  - Requests
  - Registrations
  - Report
- Exams
- Services
- Lookup
- Manage

Welcome, Richard Cunningham | Logout

### Request Training

**Before starting this application, be sure you have the following components in place:**

- A course syllabus
- A list of instructors and their qualifications
- Clinical affiliation agreement(s)
- Course Medical Director
- Exam Site where your students will complete the practical exam

**Details** | Topical Hours | Documents | Tests | Confirmation

**For Training/Course Details, select the following information from the drop down menus or fields:**

- Course Type
- Course Name
- Training Sponsor [District Approving]
- Location
- Trainer [Instructor]
- Co-Instructor
- Medical Director
- Start Date/Time
- End Date/Time
- Attendee Maximum Count

The current version of the Training Module in LIGHTS has some limitations, and not all fields below are relevant to Vermont EMS courses. Pay close attention to the instructions about how to complete this section. *NOTE: If the Medical Director drop-down field does not include your course’s Medical Director, notify the EMS office so that they may be added.* When you have entered all the information, click on the **Save and Continue** button.



**If the Training Location does not appear in the drop down list, select "Add New Course Location (Use Course Description for Address). Please supply the address of the Training/Course Location in the Description field. Vermont EMS will add this Location into the LIGHTS Training Location database for future course requests.**

Leave the "Region Held" and "Approving Region" fields blank and select the relevant EMS District from the drop down list in the "Training Sponsor" field.

When you have completed this section, click on the **Save and Continue** button at the bottom of the page to move to the Topics section.

**Add/Edit Training Details**

\* Course Type:

\* Course Name:   
Select a Course Type

Training Number:

Region Held:

Approving Region:

Training Sponsor:

\* Location:

\* Trainer:

Co-Instructor:

Medical Director:

Description:

**Dates**

Multiple Dates: Yes  No  Selecting "Yes" will add the Multiple Dates tab allowing you to replicate this training for multiple dates

\* Start Date and Time:

End Date and Time:

Test Date:

Allow Registration:  Yes  No Selecting "Yes" will allow public users to register for this class.

Attendee Signup Start:

Attendee Signup End:

Attendee Max Count:

Public users can not register for the training once the max count has been reached.

---

**Additional Information**

Course Fee:

Textbook:

---

**Notes**

Internal Note:

Training Coordinated By: Richard Cunningham

\* required

On the next screen, select the course name from the Topic window and the number of course hours, then click on the **Save and Continue** button.

---

**My Account**

**Applications**

**Training**

Manage Courses

Requests

Registrations

Report

**Exams**

**Services**

**Lookup**

**Manage**

Welcome, Richard Cunningham | Logout

### Request Training

**Before starting this application, be sure you have the following components in place:**

- A course syllabus
- A list of instructors and their qualifications
- Clinical affiliation agreement(s)
- Course Medical Director
- Exam Site where your students will complete the practical exam

Details | Topical Hours | Documents | Tests | Confirmation

**For the course being requested, please select a Topic from the drop down menu and enter the number of hours to be completed for the course.**

When you have completed this section, click on the **Save and Continue** button at the bottom of the page to move to the Documents section.

Topics	Completed Hours
<input type="text" value="--- Topic ---"/>	<input type="text"/>

Use the next screen to upload the Course Syllabus, a list of your instructors (if applicable) and the clinical affiliation agreement(s) for student clinical internships and patient contacts. These documents must be included before your application can be approved. When all documents are uploaded, click on the **Save and Continue** button.

**Request Training**

Welcome, Richard Cunningham | Logout

**Before starting this application, be sure you have the following components in place:**

- A course syllabus
- A list of instructors and their qualifications
- Clinical affiliation agreement(s)
- Course Medical Director
- Exam Site where your students will complete the practical exam

Details | Topical Hours | **Documents** | Tests | Confirmation

To upload a Document, select the Upload a Document button below. When you have completed uploading all required documents, please select Save and Continue to move to the Confirmation page.

For the Course being requested, please upload the following documents:

- Course Syllabus
- List of Instructors and their qualifications
- Clinical Affiliation agreement(s)

Upload a Document

Name	Description
Clinical Affiliation agreements	This is the agreement with UVM Medical Center for patient contacts

Save and Continue Cancel

The next screen provides the option for attaching Tests to your application. This page is not required but is available for your use.

**Request Training**

Welcome, Richard Cunningham | Logout

**Before starting this application, be sure you have the following components in place:**

- A course syllabus
- A list of instructors and their qualifications
- Clinical affiliation agreement(s)
- Course Medical Director
- Exam Site where your students will complete the practical exam

Details | Topical Hours | Documents | **Tests** | Confirmation

After you record the details of the text, you can open the text record again to record scores for each attendee. Make sure to select the appropriate grading method and (if applicable) highest possible score so that you can record grades appropriately.

\* Name:

Description:

Testing Date:  /  /

\* Grading Method:

\* Total Score:

Type:

Save Back

\* required

Use the next screen to review the components of your application. If you need to revise a section, click on the header in the light gray bar (Details, Topical Hours, Documents, Tests) to return to that page. If the application is complete, click on the **Request Training** button.



Welcome, Richard Cunningham | [Logout](#)

**My Account**

---

**Applications**

---

**Training**

Manage Courses

Requests

Registrations

Report

---

**Exams**

---

**Services**

---

**Lookup**

---

**Manage**

### Request Training

**Before starting this application, be sure you have the following components in place:**

- A course syllabus
- A list of instructors and their qualifications
- Clinical affiliation agreement(s)
- Course Medical Director
- Exam Site where your students will complete the practical exam

[Details](#) | [Topical Hours](#) | [Documents](#) | [Tests](#) | [Confirmation](#)

**Details**

---

**Name:** Initial AEMT Course  
**Description:**  
**Location:** University of Vermont, Rowell 111  
**Trainer:** Cunningham, Richard Fake (E1234567)

**Documents**

---

**Clinical Affiliation agreements** This is the agreement with UVM Medical Center for patient contacts

**Tests**

---

No Tests Added

**Topics**

---

Topic	Completed
Initial AEMT	140

**Multiple Dates**

---

Course	Training Date	Attendee Signup	Test Date
Course 1	12/31/2020 to 02/24/2021	12/30/2020 to 01/05/2021	

Request Training
Cancel

### District Approval

The chairperson of the EMS District (Training Sponsor) must verify that the District has reviewed and supports your application. Additionally, your Course Medical Director must verify that he or she has agreed to serve in that role. They will receive an email from LIGHTS with instructions.

When your course is approved, you will receive an email from [noreply@imagetrend.com](mailto:noreply@imagetrend.com) with your course number and other important information. Return to **Manage Courses** on the main **Training** page to see a list of all your approved courses.

## Student Enrollment

When a student has successfully enrolled in your course, direct them to create a LIGHTS account at <https://vtems.imagetrendlicense.com/lms/public/portal#/login>. Please ensure they do so before the enrollment period closes.

In the left-hand navigation menu, they must select **Applications**, then open the “Course Enrollment Notification to EMS Office.” **Be sure they know the course number.** This will add the student to the course roster in LIGHTS.

VERMONT

Welcome, Harry Hopeless | Logout

**My Account**

Below is the Vermont LIGHTS Portal dashboard for your user. The left navigation allows you to do the following:

- **My Account Profile** - View your Demographic Information and update information such as gender, race, and other information
- **My Account Documents** - View and Upload Documents from the Application process
- **Applications** - Start or Continue applications for licensure
- **Training** - View Training Course Information
- **Services** - View Service Affiliation Information
- **Lookup** - Perform a search of the LIGHTS database for Providers, Services or Training Reports

Harry Hopeless  
Emergency Medical Responder  
Number: 10155888  
Issued: 06/18/2019  
Expiration: 12/31/2020

2 Forms pending completion  
18 Applications to be reviewed

0 New training added  
0 Upcoming training this week  
0 Upcoming test this week

I am looking for...  
Personnel  
License Number Name Last Name

Login to Elite for Fake False Hope Ambulance

VERMONT

Welcome, Richard Cunningham | Logout

**Available Applications**

Begin a new application, or click one of the links in the left menu to work with an application you have already begun.

**My Applications** | Service Applications

Cunningham, Richard Fake (E1234567)  
Paramedic  
Issue Date: 12/22/2020  
Expiration Date: 12/31/2022

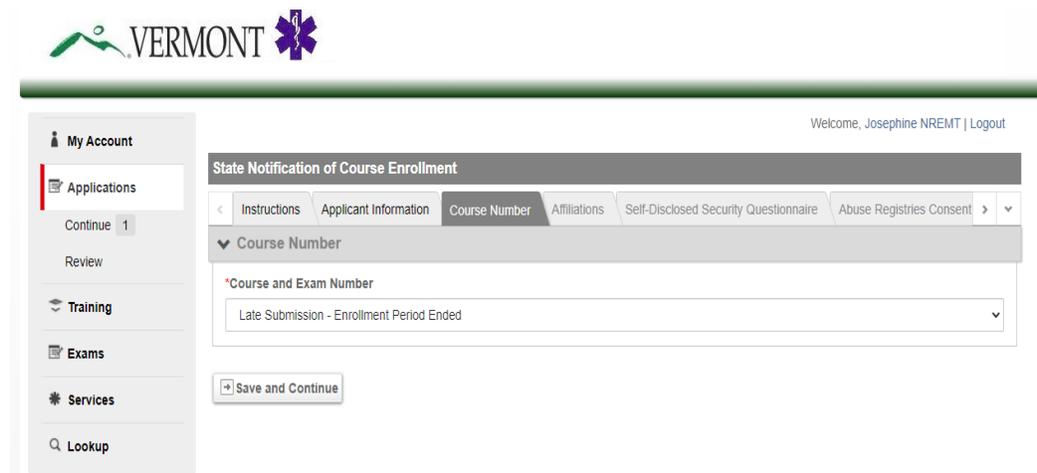
**Applications** Action

**Course Enrollment Notification to EMS Office**  
After you enroll in a Vermont EMS course, please complete this form to begin the licensing process. Delay or failure to submit this form will affect your ability to enroll in a practical exam. Click Apply Now to start your application. **Apply Now**

**Continuing Education Application**  
Use this application throughout your licensure period to submit Continuing Education hours/certificates. At any time, you may run a report in your Vermont LIGHTS profile under "Training" and "Report" to assist you in tracking required hours for renewal of your Vermont license. **Apply Now**

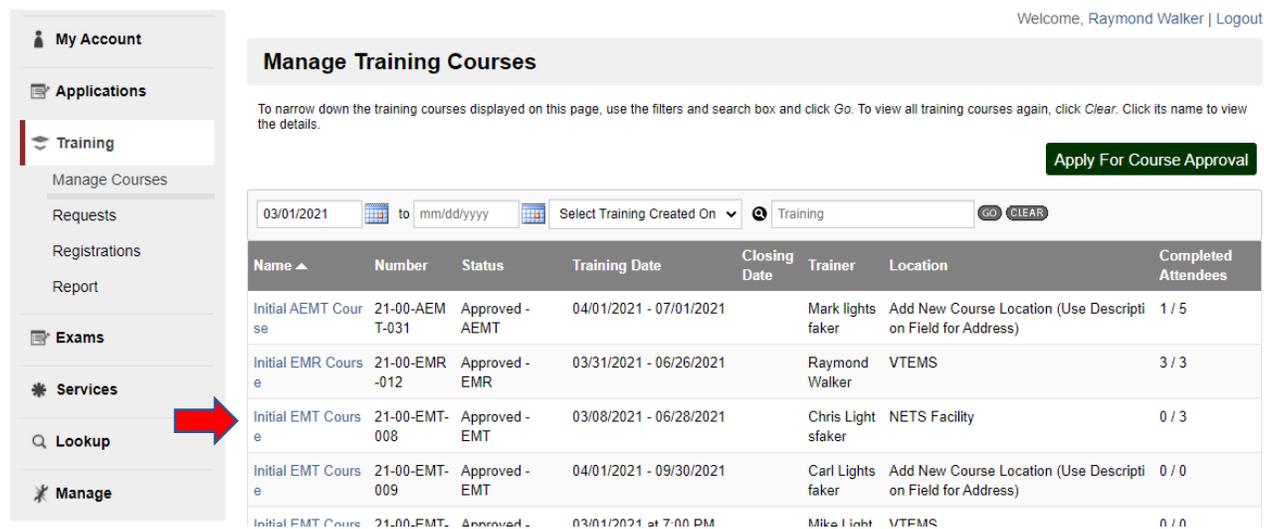
### Late Student Enrollments

Students can select your course number only while the course enrollment window is open. After it closes, students must select “Late Submission – Enrollment Period Ended” as the Course Number, and you must add them to the LIGHTS course roster manually.



### Manual Roster Entries

In the left-hand menu from your home screen, select **Training > Manage Courses**, then select the course.



Select **Attendees**. Under the **Add Attendees** header, enter the student's name and click on the **GO** button. Click on the **Add Selected Providers** button, then the **Save Training Roster** button. Do not enter a date in the *Completed On* field.

**NOTE:** A student must have a LIGHTS account to be added to the Course Roster.

Course 19-03-05-EMT (19-03-05-EMT)  
 Training Dates: 01/15/2019 - 05/01/2019  
 Attendees: 0 of 1 completed  
 Last Updated: 12/11/2018

**Training Attendees**

To add attendees, begin typing their names in the **Search Providers** box and select the appropriate name when it appears. To save a date of completion and status to all new attendees, enter the information before you **Save**. Alternatively, after you click **Save** the providers will be added and you can add this information individually to each attendee.

Details | Topical Hours | **Attendees** | Documents | Tests | Skill Exams

To make additions to this course attendee roster, search for providers with the text box below, check them, and then click 'Add Selected Providers'. You can search by name, email, or certification number.

**Add Attendees**

Completed On: mm / dd / yyyy Today

Search Provider to Add to Training: search by name, email, or certification number

**Selected Attendees**

Attendees	Registered	Completed On	Attendee Status	Action
		mm / dd / yyyy Today	Select Attendee Status	<input type="button" value="Apply To All"/>
Administrator, Ray (VT2018041000001)	12/30/20 2:38 PM	mm / dd / yyyy Today	Select Attendee Status	<input type="checkbox"/> Delete

### Course Completion Verification

Use the bottom section of this page to manage the roster, including the students' Pass/Fail statuses, then click on the **Save Training Roster** button. This information will be used to verify your students' eligibility to register for the practical examination.

**Selected Attendees**

Attendees	Registered	Completed On	Attendee Status	Action
		mm / dd / yyyy Today	Select Attendee Status	<input type="button" value="Apply To All"/>
NREMT, Dan Fake (105010)	12/31/20 9:16 AM	12 / 31 / 2020 Today	Pass	<input type="checkbox"/> Delete
NREMT, Josephine Fake (105009)	12/31/20 9:16 AM	12 / 31 / 2020 Today	Fail	<input type="checkbox"/> Delete
NREMT, Kerry Fake (none)	12/31/20 9:16 AM	12 / 31 / 2020 Today	Fail Remediation	<input type="checkbox"/> Delete

### Registered Nurse/Physician Assistant/Military Medic Exam Challenge

A Registered Nurse, Physician Assistant or Military Medic can challenge the NREMT exam and obtain a Vermont EMS license without taking a state-approved course as long as a NREMT Program Director verifies to NREMT that the person’s prior training meets the education standards for that license level.

To facilitate verification of the EMR or EMT candidate’s eligibility for the psychomotor exam, an Instructor/Coordinator must create a *RN/PA/Military Medic Exam Challenge “course”*. This course does not need district or EMS office pre-approval and is intended only as a vehicle for the Instructor/Coordinator to tell the EMS office that the candidate is eligible for a EMR or EMT practical exam.

**NOTE:** At the AEMT and Paramedic levels, exam eligibility is arranged entirely and directly with NREMT. There is no state approval component for at these levels.

Log into the LIGHTS Public Portal and go to *Training > Manage Courses*, then click on the **Add New Course** button.

**Manage Training Courses**

To narrow down the training courses displayed on this page, use the filters and search box and click Go. To view all training courses again, click Clear. Click its name to view the details.

[Add New Course](#) [Apply For Course Approval](#)

mm/dd/yyyy  to mm/dd/yyyy  Today   Training  

Fill in only the following fields: **Course Type, Course Name, Location, Trainer, Start Date, End Date.**

### Add New Training

Record the details of the training you want to add to the system.

Details | Topical Hours | Documents | Tests | Confirmation

#### Add/Edit Training Details

\* Course Type:  

\* Course Name:    
Please select from the course names

Training Number:

Status:

Region Held:

Approving Region:

Training Sponsor:

\* Location:  

\* Trainer:  

Co-Instructor:

Medical Director:

Description:

#### Dates

Multiple Dates: Yes  No   
Selecting "Yes" will add the Multiple Dates tab allowing you to replicate this training for multiple dates

\* Start Date and Time:   Today 

End Date and Time:   Today

Test Date:   Today

Allow Registration: Yes  No   
Selecting "Yes" will allow public users to register for this class.

Attendee Signup Start:   Today

Attendee Signup End:   Today

Attendee Max Count:   
Public users can not register for the training once the max count has been reached.

#### Additional Information

Course Fee:

Textbook:

#### Notes

Internal Note:

Training Coordinated By: Richard Cunningham



 Save and Continue

Click on the **Save and Continue** button.

Enter the Topical Hours

Welcome, Richard Cunningham | Logout

**Add New Training**

Record the details of the training you want to add to the system.

Details | Topical Hours | Documents | Tests | Confirmation

View and update the number of hours that are applicable to each topic for this training.

Add Topic

Topics	Completed Hours
RN/PA/Military Gap Material	* 8

Save and Continue Cancel

Continue through the tabs, as appropriate, hitting the **Save and Continue** button at the end of each screen until you reach the *Confirmation* screen, then click on the **Add Training** button.

**Add New Training**

Record the details of the training you want to add to the system.

Details | Topical Hours | Documents | Tests | Confirmation

Details

**Name:** RN/PA/Military Medic Exam Challenge  
**Description:**  
**Location:** VTEMS  
**Trainer:** Walker, Raymond K (8872)

Documents

No Document Uploaded

Tests

No Tests Added

Topics

Topic	Completed
RN/PA/Military Gap Material	8

Multiple Dates

Course	Training Date	Attendee Signup	Test Date
Course 1	03/29/2021 to 03/29/2021		



Add Training Cancel

Click on the relevant course name, use the Search function to find the candidate(s), then click on the **Add Selected Providers** button.



**RN/PA/Military Medic Exam Challenge (RN/PA/Military-008)**

Training Date: 03/29/2021  
 Attendees: 0 of 0 completed  
 Last Updated: 03/29/2021

**Training Attendees**

To add attendees, begin typing their names in the *Search Providers* box and select the appropriate name when it appears. To save a date of completion and status to all new attendees, enter the information before you click Save. Alternatively, after you click Save the providers will be added and you can add this information individually to each attendee.

[Details](#) | [Topical Hours](#) | [Attendees](#) | [Documents](#) | [Tests](#) | [Skill Exams](#)

To make additions to this course attendee roster, search for providers with the text box below, check them, and then click 'Add Selected Providers'. You can search by name, email, or certification number.

**Add Attendees**

Completed On:  /  /  Today

Search Provider to Add to Training:

Full Name	Email	Certification Number	Birth Date
<input type="checkbox"/> Lightsfaker MD, Doctor Fake	None	None	None
<input checked="" type="checkbox"/> Lightsfaker, Abigail	abiy3515@gmail.com	105012	07/24/1997
<input type="checkbox"/> Lightsfaker, Alan	alan@uppervalleyambulance.com	105020	05/14/1967
<input checked="" type="checkbox"/> Lightsfaker, Carl	carl.matteson@gmail.com	105019	09/30/1973
<input type="checkbox"/> Lightsfaker, Charlene	lутwіns30@gmail.com	105015	12/30/1974
<input type="checkbox"/> Lightsfaker, Chelsea Danger	chelsea.dubie@vermont.gov	105024	09/17/1987
<input type="checkbox"/> Lightsfaker, Chris	chris@netsvt.com	105016	10/23/1966
<input type="checkbox"/> Lightsfaker, Dan	dwolfson2@gmail.com	None	12/04/2020
<input type="checkbox"/> Lightsfaker, Dan	wolfsondaniel@yahoo.com	None	11/16/2020
<input checked="" type="checkbox"/> Lightsfaker, Donna Doofus	vttoad05452@yahoo.com	111222	12/10/2020

Records 1-10 of 17 | [First](#) | [Previous](#) | [Next](#) | [Last](#) | Page  | Per Page



**Add Selected Providers**

Changes have not yet been saved

Set the candidate(s)'s course completion status and click on the **Save Training Roster** button.

### Training Attendees

To add attendees, begin typing their names in the *Search Providers* box and select the appropriate name when it appears. To save a date of completion and status to all new attendees, enter the information before you click *Save*. Alternatively, after you click *Save* the providers will be added and you can add this information individually to each attendee.

[Details](#) | [Topical Hours](#) | [Attendees](#) | [Documents](#) | [Tests](#) | [Skill Exams](#)

To make additions to this course attendee roster, search for providers with the text box below, check them, and then click 'Add Selected Providers'. You can search by name, email, or certification number.

#### Add Attendees

Completed On:  /  /  Today

Search Provider to Add to Training:

#### Selected Attendees

Attendees	Registered	Completed On	Attendee Status	Action
		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2021"/> Today	Pass <input type="button" value="v"/>	<input type="button" value="Apply To All"/>
Lightsfaker, Abigail (105012)	3/29/21 3:47 PM	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2021"/> Today	Pass <input type="button" value="v"/>	<input type="checkbox"/> Delete
Lightsfaker, Carl (105019)	3/29/21 3:47 PM	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2021"/> Today	Pass <input type="button" value="v"/>	<input type="checkbox"/> Delete
Lightsfaker, Donna Doofus (111222)	3/29/21 3:47 PM	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2021"/> Today	Pass <input type="button" value="v"/>	<input type="checkbox"/> Delete



# **Section Seven: District Support for EMS Courses**

When an EMS Instructor/Coordinator applies to hold a course in your district, the District Chairperson and the Course Medical Director will receive an email from [noreply@imagnetrend.com](mailto:noreply@imagnetrend.com) notifying them that a request to review the course approval application is awaiting a response.

### District Chairperson Responsibilities

The District Chairperson must indicate the EMS District’s support for the course. In LIGHTS, the District Chair is referred to as the **Service Director**.

### Course Medical Director Responsibilities

All EMS courses leading to a state license must have a Course Medical Director. If you will serve in this role, you are the ultimate medical authority for the course.

Your primary responsibility is to verify students' cognitive and skill competence, but you are also a liaison to the medical community. As such, you can deepen the students' understanding of course topics and their important role in the health care system by bringing in specialists, teaching classes and creating clinical and field opportunities.

### Approval Process

Access the application in the menu on the left side of the Portal home screen under **Training/Requests**. Select the relevant course(s) from the list under **My Training Requests**.



Welcome, Fake VT DMA | Logout

- My Account
- Applications
- Training
- Manage Courses
- Requests
- Registrations
- Report
- Exams
- Services
- Lookup

### My Training Requests

to 
Select Training Created On
Select Status

GO CLEAR

Name ▲	Number	Status	Training Date	Trainer Name	Location	Submitted Date	Closing Date
Initial AEMT Course	20-00-AEMT-027	Pending District Approval	08/01/2021 - 08/26/2021	Raymond Walker	Chelsea Fire Department	12/28/2020	
Initial AEMT Course	20-00-AEMT-025	Pending District Approval	10/25/2020 - 11/06/2020	Richard Cunningham	VTEMS	10/20/2020	
Initial EMR Course	20-00-EMR-009	Pending District Approval	03/13/2020 - 11/26/2020	Raymond Walker	Alburgh Volunteer Rescue	10/22/2020	
Instructor/Coordinator Course	20-I/C-007	Pending District Approval	08/26/2020	Raymond Walker	Alburgh Volunteer Rescue	08/26/2020	

Records 1-4 of 4 | First | Previous | Next | Last | Per Page 10

Review the course details (See the *Details*, *Topics* and *Documents* headers), then go to the bottom of the page and click **Approve** under the **Service Director Signoff** (District Chairperson) or **Medical Director Signoff** heading.



**My Account**

**Applications**

**Training**

- Manage Courses
- Requests
- Registrations
- Report

**Exams**

**Services**

Lookup

Welcome, Fake VT DMA | Logout

**Initial AEMT Course (20-00-AEMT-027)**

Training Dates: 08/01/2021 - 08/26/2021  
 Attendees: 0 of 0 completed  
 Last Updated: 12/28/2020

**Request Details**

For Training/Course Details, select the following information from the drop down menus or fields:

- Course Type
- Course Name
- Training Sponsor [District Approving]
- Location
- Trainer [Instructor]
- Co-Instructor
- Medical Director
- Start Date/Time
- End Date/Time
- Attendee Maximum Count

If the Training Location does not appear in the drop down list, select "Add New Course Location (Use Course Description for Address). Please supply the address of the Training/Course Location in the Description field. Vermont EMS will add this Location into the LIGHTS Training Location database for future course requests.

Leave the "Region Held" and "Approving Region" fields blank and select the relevant EMS District from the drop down list in the "Training Sponsor" field.

When you have completed this section, click on the **Save and Continue** button at the bottom of the page to move to the Topics section.

Details
Topics
Documents

---

**General Information**

Course Type: Initial AEMT Course  
 Course Name: Initial AEMT Course  
 Course Number: 20-00-AEMT-027  
 Level:  
 Status: Pending District Approval  
 Training Dates: 08/01/2021 - 08/26/2021  
 Attendee Signup Date: 12/23/2020 - 12/30/2020  
 Region Held:  
 Approving Region:  
 Training Sponsor: District 00 - VTEMS Office  
 Location: Chelsea Fire Department  
 Description:  
 Created On: Monday, December 28, 2020 at 11:30 AM by Richard Cunningham  
 Last Modified: Monday, December 28, 2020 at 11:30 AM by Richard Cunningham

---

**Instructor**

Primary Instructor: Raymond Walker  
 Instructor Phone: (802) 363-2558  
 Instructor Email: writeflint@gmail.com  
 Co-Instructors:  
 Course Medical Director: Fake VT DMA

---

**Additional Information**

Course Fee:  
 Textbook:  
 Training Coordinated By: Richard Cunningham

---

**Service Director Signoff**

In order for this training to move to "Requested" status, the service director must sign off.

---

**Medical Director Signoff**

Username:   
 Password:   Display characters

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