

REGION 7 EMS COUNCIL

REGIONAL OPERATIONAL MEDICAL DIRECTOR APPLICATION

Office of EMS Region 7

Region 7 EMS Council, Inc.
1104 Madison Plaza, Suite 101
Chesapeake, Virginia 23320

APPLICANT INFORMATION

Full Name: _____

Professional Degree(s)/Credentials: _____

Primary Practice / Employer: _____

Current Position/Title: _____

Business Address: _____

Phone Number: _____

Email Address: _____

ELIGIBILITY CONFIRMATION

- I hold an active and unrestricted license to practice medicine in Virginia.
- I hold an active DEA registration for Schedule II–V medications.
- I currently hold (or am eligible to hold) endorsement as an EMS Physician through the Virginia Office of EMS.
- I have prior or current experience serving as an Operational Medical Director (OMD) for a licensed EMS agency.
- I understand this position is structured as a two-year appointment with annual contract renewal and term limitations.
- I am able to attend required regional and state meetings associated with the position.

REQUIRED ATTACHMENTS

- Current Curriculum Vitae (CV)
- Copy of Virginia medical license
- Copy of DEA registration
- OEMS EMS Physician endorsement documentation

- Narrative responses to application questions
- Three professional references

NARRATIVE QUESTIONS

Please limit responses to approximately 1–2 pages per question.

1. Regional EMS Vision

Region 7 represents a newly unified EMS region serving diverse urban, suburban, rural, and coastal communities.

Describe your vision for the future of EMS clinical care, regional medical oversight, and system coordination within Region 7 over the next four years.

2. EMS Leadership Experience

Describe your experience providing medical oversight within EMS systems.

Include:

- Agency or regional leadership roles
- Multi-agency coordination experience
- Clinical governance experience
- Protocol development involvement
- Performance improvement initiatives

3. Regional Collaboration and Stakeholder Engagement

The Regional Operational Medical Director must collaborate with EMS agencies, Operational Medical Directors, hospitals, specialty care centers, OEMS, and regional partners.

Describe your leadership style and approach to building consensus among diverse stakeholders.

4. Protocol Governance and Evidence-Based Practice

Describe your approach to protocol review and revision, evidence-based medicine, managing differing clinical opinions, and balancing regional consistency with operational flexibility.

5. Performance Improvement and Data Utilization

Describe the key performance indicators or system metrics you believe are most important for a regional EMS system.

How would you use data and quality improvement processes to improve patient care and operational effectiveness?

6. Leadership During Organizational Transition

Region 7 is undergoing significant organizational and governance transition.

Describe your experience leading during periods of change, growth, or system reorganization.

How do you maintain continuity, professionalism, and stakeholder trust during transitions?

7. Regional Specialty Programs and Innovation

Region 7 is actively involved in initiatives including whole blood resuscitation, regional ultrasound expansion, stroke and trauma system coordination, mass casualty preparedness, and performance improvement programs.

Describe how you would support innovation while maintaining clinical governance and patient safety.

8. Interest in the Position

Why are you interested in serving as the Regional Operational Medical Director for Region 7?

PROFESSIONAL REFERENCES

Please provide three professional references familiar with your clinical leadership and EMS involvement.

Reference #1

Name: _____

Title/Organization: _____

Phone: _____

Email: _____

Reference #2

Name: _____

Title/Organization: _____

Phone: _____

Email: _____

Reference #3

Name: _____

Title/Organization: _____

Phone: _____

Email: _____

CERTIFICATION

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____

SUBMISSION INSTRUCTIONS

Applications must be submitted electronically to:

David C. Long, MA, NRP
Executive Director, Region 7 EMS Council
Email: dlong@vaems.org

Application Deadline: _____

The Region 7 EMS Council is committed to a fair, transparent, and competitive selection process that reflects the evolving governance and medical direction needs of the regional EMS system.