West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services
350 Capitol Street, Room 515
Charleston, West Virginia 25301-3716

Print or Type Only

Type of Application

☐ Initial Certification	☐ Recertification	☐ Legal Recognition	☐ Change of Agency

Certification Level or Extended Scope of Practice*

☐ EMSA-FR	☐ EMT- M	☐ EMT-B	☐ EMSA-I	☐ EMT-P	☐ EMSA-RN
☐ EMSA-FN	☐ EMSA-PA	☐ EMSA-MD	☐ EMSA-DO	☐ CCT-P *	☐ CCT-RN *

Applicant's Information

Last Name:	First:	MI:	Social Security No: _________- _____ -_________
Mailing Address:		Email Address:	
City:	State:	Zip:	County Residence:
Phone: (H)	(W)		County Employed:
DOB:	Drivers License #:	License State:	Sex: ☐ Male ☐ Female

Are you currently or have you ever been certified as an EMS provider in WV or any other state? ☐ Yes ☐ No

If yes answered above: State: Certification Number: Expiration Date:

EMS Agency Affiliation

Agency Name:

Mailing Address:

Agency Director: ____
Signature:_______________________________________Date:__________

Agency/County Medical Director:______________________________Signature:______________________________________Date:__________

Course Information

Current CPR Card Verification Signature:	Date:	**Attach card to application**
West Virginia OEMS Course Number (if applicable):	Location:	
Initial Course Instructor/Course Coordinator:	Completion Date:	Hours:
Refresher Course Instructor/Course Coordinator:	Completion Date:	Hours:

Criminal and Professional Licensure/Certification Background

☐ Yes ☐ No Have you ever been convicted of a felony or misdemeanor (other than minor traffic violations)?

☐ Yes ☐ No Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care license in any state or to an agency authorizing the legal right to work?

If you have checked Yes, please submit with this application documentation (copies of court documents, court dispositions, probationary reports, etc.) that fully describe the offense(s), current status, and disposition of the case. Failure to answer truthfully and completely on this application or comply with the directives of the WVOEMS will result in your application or certification being refused. The applicant does hereby agree to the above and swears the information given to be true and correct by his/her signature.

All applicants for initial certification and legal recognition must undergo a law enforcement background check. All documentation and associated fees are routed through our Office and then to the appropriate law enforcement agency for processing. This process takes 4 to 6 weeks after it leaves our Office.

The applicant understands that he/she is required to submit written notification of any changes in the information supplied on this document, i.e. name or address change or upon conviction of any crime (misdemeanor or felony) within 30 days.

Applicant's Signature: ____ Date: ________________________