



West Virginia
Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services

Change of Address Form

Name: _____

Social Security Number: _____

Certification Number: _____

New Address: _____

City: _____ State: _____ Zip Code: _____

Date Change is to become effective: _____

Old Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____
Home Work

EMS Agency Affiliation: _____

By submitting this form, I attest that I am the individual named above, and I authorize the Office of Emergency Medical Services to make this change to my record.

Signature: _____

E-mail Address: _____
(if submitting electronically)

Please return to:

WV Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services
350 Capitol Street, Room 515
Charleston, WV 25301
Attn: John Thomas
Phone (304) 558-3956

Or e-mail to:

johnthomas@wvdhhr.org

NO FAXES, PLEASE