

Directions for Completing Application

Type of Application

- < Check whether initial, recertification, or legal recognition.
- < If applying for legal recognition, copies of current certification cards must be attached to this application.

Certification Level

- < The level of certification applying for is to be checked.

Applicant Information

- < The applicant must complete this section. All personal information blocks **must be completed**. The applicant will complete the appropriate blocks for the level of certification applied for as needed (required). Email address is optional.

Course Information

- < For CPR certification, the applicant must provide a copy of his/her current CPR card.
- < WVOEMS Course Number is required for EMT-B and First Responder Courses. Paramedic applicants applying for initial certification or legal recognition should complete with the name of the college/training institution and year of graduation (i.e. Fairmont 2001).
- < The course's coordinator, completion date, and total hours must be listed in this section.

Criminal Background and Professional Licensure/Certification Background

- < 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 background check. Costs for this process will be the responsibility of the applicant.

Applicant Signature

- < The applicant must sign the application in this section. With the applicant's signature, he/she affirms that all the information contained in the application is true and correct **and** that he/she will abide by the rules, regulations, and policies set forth by the WVOEMS. False information on this application can result in the loss of any certification held by the applicant.



**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)

Type of Application					
<input type="checkbox"/> Initial Certification		<input type="checkbox"/> Recertification		<input type="checkbox"/> Legal Recognition	
Certification Level					
<input type="checkbox"/> EMSA-FR	<input type="checkbox"/> EMT-M	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMSA-I	<input type="checkbox"/> EMT-P	<input type="checkbox"/> EMSA-RN
<input type="checkbox"/> EMSA-FN	<input type="checkbox"/> EMSA-PA	<input type="checkbox"/> EMSA-MD	<input type="checkbox"/> EMSA-DO	<input type="checkbox"/> CCT-P	<input type="checkbox"/> CCT-RN
Applicant's Information					
Social Security Number: ___ - ___ - _____					
Last Name:		First Name:		MI:	
Mailing Address:			Email Address:		
City:		State:	Zip:	County Residence:	
Phone: (H)		(W)		County Employed:	
DOB:	Drivers License #:	License State:	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Are you currently or have you ever been certified as an EMS provider in WV or any other state?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes answered above: State:		Certification Number:		Expiration 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					
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony or misdemeanor (other than minor traffic violations)?					
<input type="checkbox"/> Yes <input type="checkbox"/> 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 licensure in any state or to an agency authorizing the legal right to work?					
<p>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.</p> <p>All applicants for initial certification and legal recognition must undergo a background check. Costs for this process will be the responsibility of the applicant.</p> <p>Furthermore, 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.</p>					
Applicant's Signature: _____ Date: _____					