West Virginia Department of Health and Human Resources
State Trauma and Emergency Care System
Office of Emergency Medical Services

(Please print or type)

WV EMS Personnel Application

(Please print or type)

Type of Application (check all that apply)

☐ Initial Certification*	☐ Recertification*	☐ Legal Recognition*	* Copy of your current CPR card must be attached.
☐ Replacement Card	☐ Name Change (legal documentation must be attached)		☐ Report Arrest or Conviction

Certification Level

☐ EMSA-FR	☐ EMT-B	☐ EMSA-I	☐ EMT-P	☐ EMSA-RN	☐ EMSA-FN	☐ EMSA-PA	☐ EMSA-Physician

Extended Scope of Practice

☐ CCT-P	☐ CCT-RN

Applicant's Information

Last Name:		First:	MI:	DOB:
SS #:	☐ Male ☐ Female	Phone: (H)	(W)	(C)
Mailing Address:			Email Address:	
City:	County:		State:	Zip:

Criminal and Professional Licensure/Certification Background

1. **Have you ever been convicted of a felony or misdemeanor (other than minor traffic violations) which have NOT BEEN PREVIOUSLY REPORTED to WVOEMS?**
☐ Yes **If Yes, complete Section A of page 2.**
☐ No **If No**, continue with question 2.

2. **Have you ever been subject to limitation, suspension, or termination of your right to practice in ANY HEALTH CARE OCCUPATION or voluntarily surrendered a health care license or certificate to any state or agency authorizing the privilege to work?**
☐ Yes **If Yes, complete Section B of page 2.**
☐ No **If No**, continue with question 3.

3. **Do you pay child support?** ☐ Yes ☐ No **If Yes**, what state(s):

If Yes, are you more than six (6) months in arrears of your payments? ☐ Yes ☐ No

4. **Do you possess a valid Driver's License?** ☐ Yes ☐ No **If Yes**, what state(s):

Driver's License #: Expiration Date:

5. **Are you currently or previously certified/licensed as an EMS provider in WV or any other state?** ☐ Yes ☐ No **If Yes**, what state(s):

Certification/License #: Expiration Date:

EMS Affiliation

Are you affiliated with a West Virginia licensed EMS Agency? ☐ Yes ☐ No **If Yes**, Agency Name:

Failure to fully and truthfully complete this application will result in your application being rejected or certification delayed or refused.

Applicants must undergo state and federal criminal background checks at their expense.

I affirm that I meet all requirements of 64 CSR 48 Section 9 – EMS Personnel Requirements, and do hereby swear the information given on this application is true and correct. I understand that I am required to submit written notification of any changes in the information on this application (i.e. name, address change and arrest or conviction of any crime, misdemeanor or felony) within 30 days.

Applicant's Signature: _____ Date: _____

Complete only if yes was checked in questions 1 or 2 on page 1

(Please print or type) **Criminal and Professional Licensure/Certification Background Addendum** **(Please print or type)**

Last Name	First:	MI:	Date:

Section A - Criminal History

Date	City and State of Arrest or Conviction	Offense	Disposition

Section B – Health Care Sanction History

Date	Certification/License Type	State	Agency/Employer	Suspended	Revoked	Surrendered	Other Sanction

Failure to fully and truthfully complete this application will result in your application being rejected or certification delayed or refused.

I affirm that the information given on this document is a complete and accurate accounting of any criminal history or health care sanctions levied against me.

Applicant's Signature: _____Date: _____