



West Virginia  
Department of Health and Human Resources  
Bureau for Public Health  
Office of Emergency Medical Service  
Replacement Card/Name Change Form

Name: \_\_\_\_\_  
(As it appears on your current certification card)

Social Security #: \_\_\_\_\_ Certification #: \_\_\_\_\_

Change Name To: \_\_\_\_\_

\*\*Replacement Card Request:  \*Name Change Requested:

- \*\* A fee is now assessed of \$5.00 for issuance of a new card. Please send a money order payable to **WVOEMS** along with this form.
- If requesting name change, must include copy of license or court document granting name change.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

EMS Agency Affiliation: \_\_\_\_\_

*By submitting this form, I attest that I am the individual named above, and I authorized the Office of Emergency Medical Services to issue and mail the certification card requested.*

Signature: \_\_\_\_\_

**Please return to:**

WV Department of Health and Human Resources  
Bureau for Public Health  
Office of Emergency Medical Services  
350 Capitol Street, Room 425  
Charleston, WV 25301-3714

Phone (304) 558-3956

**NO FAXES, PLEASE**