



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



(Please print or type)

WV EMT-Miner Personnel Application

(Please print or type)

Type of Application (check all that apply)

<input type="checkbox"/> EMT-Miner * 60-Hour	<input type="checkbox"/> EMT-Miner * Recertification 32-Hour	<input type="checkbox"/> EMT-Miner * Recertification 8 Hour	* Copy of your current CPR card must be attached.
<input type="checkbox"/> Replacement Card	<input type="checkbox"/> Name Change (legal documentation must be attached)		

Last Name:		First:		MI:	DOB:
SS #:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone: (H)	(W)	(C)	
Mailing Address:			Email Address:		
City:		County:	State:	Zip:	

Professional Certification Background

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

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

I affirm that I meet all requirements for certification as an EMT-Miner, and do hereby swear the information given on this application is true and correct.

Applicant's Signature: _____ Date: _____