



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)**

- ☐ EMT-Miner \* 60-Hour \$25      ☐ EMT-Miner \* Recertification 32-Hour \$25      ☐ EMT-Miner \* Recertification 8 Hour \$25      \* Copy of your current CPR card must be attached.
- ☐ Replacement Card \$5      ☐ Name Change (legal documentation must be attached) \$5

Last Name:

First:

MI:

DOB:

SS #:

☐ Male ☐ 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: \_\_\_\_\_