PURPOSE: To ensure all EMS certification applicants undergo a National and State background investigation to identify any such individuals who may pose a risk to the safety and security of the citizens of WV.

POLICY: Certified EMS personnel are uniquely situated to have complete access to a citizen when they are most vulnerable. A background investigation will be conducted to ensure the applicant does not have a history of crimes against property, person or public trust and other charges that could pose a public threat. It is the responsibility of the applicant to apply for the criminal background check according to the procedures and directions of this policy.

PROCEDURE/REQUIREMENTS:

A. All applicants for initial EMS certification in West Virginia must obtain a criminal background check except:
   1. EMT – Miners.
   2. Individuals who have completed a criminal background check for WVOEMS certification within the previous three (3) years.
   3. Individuals with a verified criminal background check from a governmental licensing agency required to conduct a comparable background check within the previous three (3) years may be recognized by WVOEMS.

B. WVOEMS will only cover fees for the background check from the designated vendor. The applicant is responsible for all other fees charged for processing or printing.

C. Applicants should apply for a criminal background check as early as possible in the education and certification process as:
   1. It may take six (6) or more weeks for WVOEMS to receive criminal background check results.
   2. Temporary certificates will not be issued pending receipt of criminal background check results.

D. Results of criminal background checks must be submitted directly to WVOEMS by the designated vendor.

E. Criminal background check procedure:
   1. Applicants must follow the Manual Card Submission Procedures for the vendor chosen by the West Virginia State Police (WVSP) for processing backgrounds. Please note: Law Enforcement Agencies may charge a fee for fingerprinting in addition to the processing fee. These fees are not covered by WVOEMS.
      a. Present a valid photo ID.
      b. Complete a FD-258 FBI fingerprint card for the criminal background check (example attached).
Policy Name: EMS Personnel Background Check Policy  
Policy Number: 6.1-020113

b. Complete a FD-258 FBI fingerprint card for the criminal background check (example attached).
c. Complete a WVSP 39 Fingerprint Authorization card.
d. Mail the following items to a designated vendor:
   i. Completed FD-258 fingerprint card
   ii. A WV Card Scan Information Form
   iii. The fully completed fingerprint card along with WV Card Scan Information Form and Authorization Form

F. West Virginia Office of Emergency Medical Services will complete these additional background checks:
   2. Sex offender registries.
   3. Child support payment status.

APPLICABLE CODE/RULE: WV Code §16-4C-6, §16-4C-8, and §64 CSR 48-6.

APPENDICES: Finger Print Card Submission Procedures Form for L1 Live Scan site locations.

Special Note: The designated vendor for the WVSP at the time of this policy is:

L-1 Enrollment - Morphotrust  
West Virginia Cardscan  
1650 Wabash Avenue, Suite D  
Springfield, IL 62704

Effective Date: February 1, 2013
Approved: [Signature]
APPENDICES: Finger Print Card Submission Procedures Form for L1 Live Scan site locations.

Manual Card Submission Procedures

Applicants who are unable to be fingerprinted in WV at a MorphoTrust Live Scan site can submit FBI hard cards to the MorphoTrust card scan office. The MorphoTrust hard card scanning program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a “hard card” into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to a LiveScan machine. The section below details the procedures for submitting fingerprints to the LiveScan Processing Unit.

West Virginia

- Applicants should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprints may be either traditional ink rolled fingerprints or LiveScan fingerprints.
- Fingerprints may be submitted on FBI applicant cards or fingerprint cards from any other state or local government agency (we prefer standard FBI applicant cards). Standard card is form FD-258 available from your agency or the FBI. Slap prints (all four fingers at once on each hang) on the bottom of the card MUST be printed vertically in the assigned boxes on the card, not slanted or horizontal.
- Applicants need to make sure the fingerprint card is completely filled out. Required information includes: Full name, date of birth, home address, sex, height, weight, hair color, eye color, place of birth (state or country only), citizenship, reason fingerprinted and ORI.
- Applicants will need to mail a copy of the appropriate West Virginia Card Scan Information Form with the fingerprint card. All fields must be completed and match information provided on the fingerprint card. All information should be legible.
- Applicant must complete and sign one WVSP 39 or 39C Authorization form. Form 39C is used for NCPAINCA requests. Any applicants under the age of 18 must have guardian signature on the fingerprint card and authorization form.
- Failure to completely fill out the information on the fingerprint card or failure to provide the appropriate Information Form will result in the card being returned to the applicant, which will delay the fingerprint submission.
- The fully completed card, along with the WV Card Scan information Form, Authorization Form, and the appropriate fee (indicated in the application packet) should then be mailed to the following address:
  MorphoTrust
  West Virginia Cardscan
  1650 Wabash Avenue, Suite D
  Springfield, IL 62704

  Please include a daytime telephone number or email address where the applicant can be reached if we have a question about the fingerprint card.
  - Please include the full name of the applicant on each check or money order.
  - Applicants wishing to verify that a fingerprint card has been processed may call (855) 766-7746 and speak with a customer service representative.
Policy Name: EMS Personnel Background Check Policy
Policy Number: 6.1-020113

EXAMPLE: FD-259

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**Ems**
EXAMPLE: WV Card Scan Information Form

West Virginia Card Scan Services – Information Form

Instructions for applicant: Please complete and return
1. Card scan Information Form (this form)
2. Payment made payable to MorphoTrust
3. Two (2) completed fingerprint cards
4. One (1) WVSP 39 Authorization form or one (1) WVSP 39P Authorization form for NCPA requests

Send above packet to:

MorphoTrust
West Virginia Cardscan Dept
1650 Wabash Ave Suite D
Springfield IL 62704

Checks should be made payable to MorphoTrust

Please Print Clearly

ORI: 
Contributor Agency:

Check one: ☐ New Submission ☐ Resubmission If resubmission, list TCN Number here:

Name of Applicant: Last ___________ First ___________ M.I. ___________

Alias / Maiden Name: ____________________________

Street Address: ____________________________________________

City, State, & Zip: __________________________________________

Date of Birth: ___________ Age: _____ Sex: ☐ Male ☐ Female

Race: ___________ Ethnicity: ☐ Hispanic ☐ Non- Hispanic ☐ Unknown

Height: _____ ft. _____ in. Weight: ______ lbs.

Skin Tone: ___________ Eye Color: ___________ Hair Color: ___________

State/Country of Birth: ___________ Country of Citizenship: ___________

Social Security number: __________________ Contact Phone Number: ___________

Payment Section:
• Regular Background Check (WV state check only) $28.85
• Central Abuse Background Check (WV state check only, DHHR facility number needed) $18.85
• NCPA / VCA Background Check (WV state and FBI check) $33.85
• State and Federal Background (if authorized by WVSP and FBI) $45.35
• Payment for the Card Scan submission must be included with your fingerprint cards made payable directly to MorphoTrust - in the form of a personal, business, and certified or bank check or a money order.
Policy Name: EMS Personnel Background Check Policy
Policy Number: 6.1-020113

EXAMPLE: WVSP 39

FINGERPRINT AUTHORIZATION

Address of Applicant

Certification: I hereby request a record check be made to find any police record on the herein named individual and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System.

I certify that this is for official business and I am authoring __________________________
To obtain any record found.

(Signature) (Address)
EX. WVSP 39C

<table>
<thead>
<tr>
<th>WVSP 39C</th>
<th>NCPA/VCA FINGERPRINT AUTHORIZATION</th>
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<tr>
<td>1/08</td>
<td>TYPE OR PRINT ALL INFORMATION</td>
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Address of Applicant

Certification: I hereby request a fingerprint based criminal history record check be made to find any West Virginia or federally maintained arrest record on the herein named individual and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police and/or the FBI in the Automated Fingerprint Identification System.

I certify that this is requested for official business and am authorizing ☐ only the listed qualified entity or ☐ any qualified entity to obtain a copy of any record found.

(Signature)  (Qualified Entity and Address)