

INSTRUCTOR APPLICATION -RE-CERTIFICATION-

Please print or type.
The application must be fully
completed to be considered.
**Submit completed application
to the WVOEMS Education
Coordinator**

Personal Information

Name:		Certification Number:	
Address	City	State	Zip
Phone Number:	Email Address:		
Cell Number:			
Are you a WV Resident? YES <input type="checkbox"/> NO <input type="checkbox"/>		Have you ever been arrested or convicted of any criminal offense excluding minor traffic violations? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever had any action taken against any professional license or certification you currently hold or have held in the past?		YES <input type="checkbox"/> NO <input type="checkbox"/>	

Department / Training Agency Affiliation

Department You Represent:	Years Associated
Training Agency Affiliation:	
Training Agency Address:	City State Zip
Training Agency Administrator Name:	

Credential Application

Instructor Level (check all that apply):	BLS <input type="checkbox"/>	ALS <input type="checkbox"/>	CCT <input type="checkbox"/>
Instructor Certification Level (check all that apply):	LEAD <input type="checkbox"/>	Supervising <input type="checkbox"/>	
Instructor Course Completed (check all that apply): NAEMSE Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>			
Evaluating Student Competencies Workshop <input type="checkbox"/>			
WVPST / WVDE Teaching Methodologies		Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Supervising <input type="checkbox"/>	

Recertification Requirements *

A. Applicant completed a minimum of 30 hours instruction in an approved WVOEMS course or Refresher Course:			
Date:	Location:	Hours:	
Date:	Location:	Hours:	
Date:	Location:	Hours:	
B. Applicant attended a minimum of three (3) instructor in-services during the certification period and/or took an additional 20 hours of continuing education specific to EMS Instruction:			
Date:	Location:	Hours:	
Date:	Location:	Hours:	
Date:	Location:	Hours:	
C. Applicant holds a current valid:			
Expiration Date:	WV EMT, WV AEMT, WV Paramedic, NREMT EMT, NREMT AEMT, NREMT Paramedic Certification		
Expiration Date:	CPR Instructor Certification		

* Instructors that hold an adult teaching permit may simply submit a copy of a valid West Virginia Department of Education permit to meet the requirements of this section.

Signatures

The signatures below certify that the information is true and complete. If information is found to be inaccurate, an audit will be ordered.

Applicant Signature:	Date:
Training Agency Administrator Signature:	Date: