

## INSTRUCTOR APPLICATION -INITIAL 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:		<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	
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"/>

**\*Instructors MUST attach a copy of their certificate(s) of successful course completion.**  
**\*WVPST Instructors MUST attach a copy of their Adult Teaching Permit for EMS as well.**

### 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: