

**Active Military Status**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To be completed and submitted to West Virginia Office of EMS to request a 1-year extension on WV certification. Individuals are responsible for applying for extension of their NREMT certification by contacting NREMT and following their policy.  **Submit Active Military Status form and supporting documents to** [**EMSCertification@wv.gov**](mailto:EMSCertification@wv.gov)**.** | | | | | | | | | | |
| **Section 1: To Be Completed by Applicant** | | | | | | | | | | |
| Last Name | |  | | First Name |  | Middle Initial | | |  | Suffix |
|  | |  | |  |  |  | | |  |  |
| Mailing Address | |  | | City |  | State | | |  | Zip Code |
|  | |  | |  |  |  | | |  |  |
| SSN | |  | | Date of Birth (mm/dd/yy) |  | WV Certification # | | |  |  |
|  | |  | |  |  |  | | |  |
| Home Phone | | | | Business Phone | | Email | | | | |
|  | | | |  | |  | | | | |
| **Section 2: Documents to be submitted** | | | | | | | | | | |
|  | Military Activation Order | | | | | | | | | |
|  | DD form 214 If separated from Military Service Permanently | | | | | | | | | |
|  | Military Deactivation Orders if remaining on Active, National Guard, or Reserve Duty | | | | | | | | | |
| **Section 3: Signature** | | | | | | | | | | |
| Individual Signature: | | |  | | | | Date: |  | | |
| Agency Representative Signature: | | |  | | | | Date: |  | | |
|  | | | | | | | | | | |