

**Name Change to EMS Certification Card**

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| **INSTRUCTIONS**: Individuals requesting a name change to their EMS certification card must be completed and submit supporting document(s) to [EMSCertification@wv.gov](mailto:EMSCertification@wv.gov).  NOTE: Individuals will be responsible to request a name change with NREMT and follow their requirements. | | | | | | | | | | |
| **Section 1: Current Name as it appears on EMS certification card** | | | | | | | | | | |
| Last Name | | |  | First Name | Middle Initial | | Suffix |  |  | WV Number: | |
|  | | |  |  |  | |  |  | | | |
| **Section 2: New Name Change that will appear on EMS certification card** | | | | | | | | | | |
| Last Name | | |  | First Name | Middle Initial | | Suffix | WV Number: | | | |
|  | | |  |  |  | |  |  | | | |
| **Section 3: Support Document(s) attached (choose one)** | | | | | | | | | | |
|  | Copy of Marriage License | | | | | | | | | |
|  | Copy of Divorce Decree | | | | | | | | | |
|  | Copy of Court Document granting a name change | | | | | | | | | |
| **Acknowledgement: By submitting this form, I attest that I am the individual named above, and I authorized the West Virginia Office of Emergency Medical Services to issue the certification card requested and to update this information in Continuum.** | | | | | | | | | | |
| Signature of applicant: | |  | | | | Date: | Click or tap to enter a date. | | | |