

**CREDENTIAL RECOGNITION/TRANSFER APPLICATION**

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| **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)** | **West Virginia Certification #** |
|  |  |  |
| **Home Phone** | **Business Phone** | **Email** |
|  |  |  |
| **SECTION 2: To Be Completed by Agency Verifying License or Certification** |
| **State Certification Number** | **Certification Level** | **State** | **Issue Date** |  | **Expiration Date** |
|   |   |   |   |  |   |
| **NREMT Certification Number** | **NREMT Certification Level** | **Issue Date** |  | **Expiration Date** |
|   |   |   |  |   |
|  | **Yes** | **No** |
| Is license/certification based on National EMS Education Standards or the National Standard Curriculum? |[ ] [ ]
| Is this license/certification based on an endorsement or reciprocity from another State? If yes, identify the state if known? | [ ]  |[ ]
| Is the license/certification active and considered valid in your state? If no, please describe why: |[ ] [ ]
|   |
| Does your state review criminal background history? |[ ] [ ]
| To the best of your knowledge, was the applicant ever convicted of a felony or misdemeanor? |[ ] [ ]
| Has your state ever taken disciplinary action against this applicant? If yes, please describe why below: |[ ] [ ]
|   |
| **Printed Name State EMS Official** | **State EMS Official Title** | **Date** |
|    |    |    |
| **Signature** | **Day Telephone** | **E-mail Address** |
|    |    |    |

**Mail Completed Application To:**  West Virginia Office of Emergency Medical Services, 350 Capitol Street, Room 425, Charleston, WV 25301; or

**E-mail Completed Application To:** EMScertification@wv.gov