

**CREDENTIAL RECOGNITION/TRANSFER APPLICATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto:EMScertification@wv.gov)