

Credential Recognition & Transfer Policy

WEST VIRGINIA
Department of

**Health &
Human
Resources**
BUREAU FOR PUBLIC HEALTH
Office of Emergency Medical Services



Credential Recognition and Transfer Policy and Procedures

PURPOSE: To establish standard requirements to be met by all applicants currently seeking to become certified in West Virginia as an Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or Paramedic, who are certified in equivalent levels in another US State or territory. These applicants **MUST** currently possess a valid National Registry or State Certification in a state other than West Virginia with 120 days remaining on their current certification.

POLICY: To ensure consistent standards and procedures for obtaining legal recognition of credentials held in states other than West Virginia.

PROCEDURE/REQUIREMENTS:

- A.** Create a valid WVOEMS account.
- B.** Create a valid National Registry account.
- C.** Submit a current complete online application to WVOEMS. Online application available at www.wvoems.org/ecert (See WV Code §64-48-6.5.a).
 - 1. Submit the appropriate fees (See WV Code § 64-48-6.8).
 - 2. Disclose any limitation or exclusion by any EMS agency, EMS Medical Director, or any other healthcare profession certification or licensing authority in any state, territory, or the U.S. Military Services (See WV Code §64-48-6.5.g.).
- D.** Be 18 years of age or older
- E. State and Federal Criminal Background Check:**
 - 1. Apply for and be cleared by the State and Federal background checks (See WV Code § 64-48-6.5.c.):

In the event that the WVOEMS official background check results have not been received upon the candidate completing the remainder of the requirements in this policy, WVOEMS will issue a 120 day temporary

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certification based on results from a third party preliminary state and national criminal background check service.

Third party background checks shall be directly submitted to WVOEMS. Background checks will not be accepted directly from the respective squad but instead through the agency performing the background check.

In the event that a temporary 120 day card is issued based on a third party background check, it is subject to revocation at any time should the WVOEMS official background check reveal information that would exclude the individual from legal recognition. Upon the WVOEMS issuing a permanent certification card, the temporary card is null and void.

- F. Demonstration of Equivalent Education:** Applicant must have completed a National Education Standards Course for the level of certification sought that is equivalent to WVOEMS approved courses. See WV Code §64-48-6.5.b.
1. Successful completion of a state-approved Emergency Medical Responder (EMR) course that meets or exceeds the National Emergency Medical Services Education Standards for the Emergency Medical Responder as well as required State and Federal mandated education (See WV Code §64-48-6.5.a).
 2. Successful completion of a state-approved Emergency Medical Technician (EMT) course that meets or exceeds the National Emergency Medical Services Education Standards for the Emergency Medical Technician as well as required State and Federal mandated education (See WV Code §64-48-6.5.a).
 3. AEMT education program appropriate for the level of certification as prescribed by the Commissioner and completion of the WVOEMS AEMT Module for Expanded Scope of Practice.
 4. Paramedic education program appropriate for the level of certification as prescribed by the Commissioner (See WV Code §64-48-6.5.a).

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- G. Demonstration of Competency:** An applicant must demonstrate competency by one of the following methods (See WV Code §64-48-6.5.d.):
1. **National Registry:** If the applicant possesses a current National Registry certification at the appropriate level, with 120 days or more remaining, the applicant shall submit a copy of their National Registry card to WVOEMS along with completing the other requirements outlined in this policy.
 2. **Current State Certification:** If the applicant possesses a valid state certification in a state other than West Virginia with 120 days or more remaining they shall meet the following requirements:
 1. Upon application for certification pursuant to WV Code §64-48-6.5, the Commissioner may issue a temporary emergency medical service personnel certificate to an applicant, with or without examination, who submits to a preliminary criminal history background check in accordance with section “E” of this policy.
 2. Applicants shall be required to obtain National Registry certification during the 120 day temporary certification period utilizing any method outlined by National Registry. The applicants shall submit a copy of their National Registry card to WVOEMS.
 3. Unless suspended or revoked, a temporary certificate shall be valid initially for a period not exceeding 120 days and may not be renewed unless the Commissioner finds the renewal to be in the public interest. (See WV Code §64-48-6.13.b).
 4. The applicant shall complete all other requirements outlined in this policy.

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- H. **State and Federal mandated education** – all applicants must complete the following requirements for the appropriate provider level within 120 days (See WV Code §64-48-6.5.e.):
1. Haz Mat awareness meeting OSHA 1910.120 or higher standards. This must have been completed within the past two (2) years.
 2. WVOEMS Protocol course for the appropriate level totaling **4 hours. This may require additional education to ensure competency in skills and medications not utilized in transferring states.** (*The exception to this is EMR which follow the standard of care and are exempt from this 4 hour requirement*)
 3. MCI or Disaster Management courses totaling **6 hours.**
 4. Approved CPR refresher meeting WV §64 CSR 48-6.7.a.4 at the professional/healthcare provider level.
 5. AEMT candidates are required to complete the additional West Virginia Module for the Expanded Scope of Practice.
 6. AEMT and Paramedic candidates shall also show proof of the following:
 - ACLS Refresher (or equivalent WVOEMS approved course)
 - PHTLS or ITLS Refresher (or equivalent WVOEMS approved course)
 - PEPP or PALS Refresher (or equivalent WVOEMS approved course)
- I. Proof of education shall be verified through an attestation statement submitted for each level respectively, as part of your WVOEMS EMS application, and shall be subject to audit at any time during the certification/recertification process or during an active investigation.
- J. Upon the applicant meeting all requirements of this policy, the 120 day temporary certification shall be terminated and a West Virginia certification awarded.

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- K. Important Notice:** An EMR/EMT/AEMT/Paramedic certified by WVOEMS must be continually certified by the National Registry of Emergency Medical Technicians (NREMT) during the duration of your WVOEMS certification.

Failure to retain uninterrupted National Certification will result in the immediate suspension of your WVOEMS certification and your right to practice in West Virginia.

This policy replaces all previous credential recognition and transfer requirements and policies.

EMR Credential Recognition and Transfer Continuing Education Record

This document shall be completed as part of the requirements for EMR credential recognition and transfer.

NAME:		
Certification Number: WV	Expiration Date:	
Agency Affiliation:	<input type="checkbox"/> Not Affiliated	
Current Certifications		Expiration DATE
State Certification Only: STATE _____		
National Registry Option <i>(Must submit a copy of the National Registry Card)</i>		
State and Federal Requirements	HOURS	DATE
MCI or Disaster Management related training including drills	6	
Haz Mat Requirement		DATE
Haz Mat Awareness meeting OSHA 1910.120 or higher standards		
CPR Requirement		DATE
Approved CPR Refresher meeting WV §64 CSR 48-6.8.a.4.		
<i>By signing below we hereby warrant that the above named EMR provider has completed the requirements outlined above and on the dates specified. Verification of course completion may be by an Educational Institute, submission of certificate of completion, submission of certification card, copy of your education history from an approved database, college transcript, or other approved method.</i>		
Applicant:	_____	Date:
	<i>Signature</i>	
Educational Institute or WVOEMS Representative:	_____	
	<i>Signature</i>	
Educational Institute or WVOEMS Representative:	_____	Date:
	<i>Printed Name</i>	

EMR Credential Recognition and Transfer Skills Evaluation

This document shall be completed as part of the requirements for EMR credential recognition and transfer. Skills may be based on direct observation, successful field completion, or skills stations evaluations from an approved WVOEMS Education Institute or Agency Medical Director.

NAME:	
Certification Number: WV	Expiration Date:
Agency Affiliation:	<input type="checkbox"/> Not Affiliated
SKILL	DATE
Cardiac Arrest Management / AED	
Bleeding Control and Shock Management	
Oxygen Administration	
Medical Patient Assessment with Baseline Vitals	
Trauma Patient Assessment with Baseline Vitals	
<i>Both signatures below are required with the exception of those not affiliated with an EMS agency. By signing below we hereby warrant the above named EMR provider was evaluated on the skills outlined and on the dates specified.</i>	
Agency Medical Director: <i>(Not required if you are unaffiliated)</i>	

<i>Signature</i>	
Agency Medical Director: <i>(Not required if you are unaffiliated)</i>	Date:

<i>Printed Name</i>	
Educational Institute or WVOEMS Representative:	

<i>Signature</i>	
Educational Institute or WVOEMS Representative:	Date:

<i>Printed Name</i>	

**EMT Credential Recognition and Transfer
WVOEMS CE Record**

This document shall be completed as part of the requirements for EMT credential recognition and transfer.

NAME:		
Certification Number: WV	Expiration Date:	
Agency Affiliation:	<input type="checkbox"/> Not Affiliated	
Current Certifications		Expiration DATE
State Certification Only: STATE _____		
National Registry Option <i>(Must submit a copy of the National Registry Card)</i>		
State and Federal Requirements	HOURS	DATE
MCI or Disaster Management training	6	
EMT Protocol Review	4	
Haz Mat Requirement		DATE
Haz Mat Awareness meeting OSHA 1910.120 or higher standards		
CPR Requirement		DATE
Approved CPR Refresher meeting WV §64 CSR 48-6.8.a.4.		
<i>By signing below we hereby warrant that the above named BLS provider has completed the requirements outlined above and on the dates specified. Verification of course completion may be by Educational Institute or WVOEMS signature, submission of certificate of completion, submission of certification card, copy of your education history from an approved WVOEMS database, college transcript, or other approved method.</i>		
Applicant:	_____	Date:
	<i>Signature</i>	
Educational Institute or WVOEMS Representative:		

	<i>Signature</i>	
Educational Institute or WVOEMS Representative:	_____	Date:
	<i>Printed Name</i>	

**EMT Credential Recognition and Transfer
Skills Evaluation**

This document shall be completed as part of the requirements for EMT credential recognition and transfer. Skills may be based on direct observation, successful field completion, or skills stations evaluations from an approved WVOEMS Education Institute or Agency Medical Director.

NAME:	
Certification Number: WV	Expiration Date:
Agency Affiliation:	<input type="checkbox"/> Not Affiliated
SKILL	DATE
Trauma Patient Assessment	
Medical Patient Assessment <i>(must include baseline vitals and administration of one of the following medications: Oral Glucose, Nitroglycerin, Epinephrine, or a nebulized medication treatment)</i>	
Cardiac Arrest Management / AED	
Airway Management	
Bleeding Control / Shock Management	
<i>Both signatures below are required with the exception of those not affiliated with an EMS agency. By signing below we hereby warrant the above named EMT provider was evaluated on the skills outlined and on the dates specified.</i>	
Agency Medical Director: <i>(Not required if you are unaffiliated)</i>	

<i>Signature</i>	
Agency Medical Director: <i>(Not required if you are unaffiliated)</i>	Date:

<i>Printed Name</i>	
Educational Institute or WVOEMS Representative:	

<i>Signature</i>	
Educational Institute or WVOEMS Representative:	Date:

<i>Printed Name</i>	

**Paramedic Credential Recognition and Transfer
Skills Evaluation**

This document shall be completed as part of the requirements for credential recognition and transfer. Skills may be based on direct observation, successful field completion, or skills stations evaluations from an approved WVOEMS Education Institute or Agency Medical Director.

NAME:	
Certification Number: WV	Expiration Date:
Agency Affiliation:	<input type="checkbox"/> Not Affiliated
SKILL	DATE
Airway Management / Intubation	
Chest Decompression	
Cardiac Arrest Management	
EKG Interpretation	
Intraosseous Infusion (Adult and Pediatric)	
Intravenous Therapy	
Percutaneous Cricothyrotomy	
Patient Assessment (Medical and Trauma)	
Medication Administration	
<i>Both signatures below are required with the exception of those not affiliated with an EMS agency. By signing below we hereby warrant the above named ALS provider was evaluated on the skills outlined and on the dates specified.</i>	
Agency Medical Director: <small>(Not required if you are unaffiliated)</small> _____ <div style="text-align: right;"><i>Signature</i></div>	
Agency Medical Director: <small>(Not required if you are unaffiliated)</small> _____ <div style="text-align: center;"><i>Printed Name</i></div>	Date:
Educational Institute or WVOEMS Representative: _____ <div style="text-align: right;"><i>Signature</i></div>	
Educational Institute or WVOEMS Representative: _____ <div style="text-align: center;"><i>Printed Name</i></div>	Date:

**Paramedic Credential Recognition and Transfer
WVOEMS CE Record**

This document shall be completed as part of the requirements for Paramedic credential recognition and transfer verifying the completion of continuing education.

NAME:		
Certification Number: WV	Expiration Date:	
Agency Affiliation:	<input type="checkbox"/> Not Affiliated	
Current Certifications		Expiration DATE
State Certification Only: STATE _____		
National Registry Option <i>(Must submit a copy of the National Registry Card)</i>		
State and Federal Requirements	HOURS	DATE
MCI or Disaster Management training	6	
Paramedic Protocol Review	4	
Haz Mat Requirement		DATE
Haz Mat Awareness meeting OSHA 1910.120 or higher standards		
CPR Requirement		DATE
Approved CPR Refresher meeting WV §64 CSR 48-6.8.a.4.		
<i>By signing below I hereby warrant that I have completed the requirements outlined above and on the dates specified. Verification of course completion may be by Educational Institute signature, submission of certificate of completion, submission of certification card, copy of your education history from an approved WVOEMS database, college transcript, or other approved method.</i>		
Applicant: _____ <i>Signature</i>		Date:
Educational Institute or WVOEMS Representative: _____ <i>Signature</i>		
Educational Institute or WVOEMS Representative: _____ <i>Printed Name</i>		Date: