



1. Applicant Information

Social Security Number _____ Gender: Check One Male Female Prefer Not to Answer
 US Citizen: Yes No
 Military Service: US Veteran or Spouse of US Veteran
 Birth Date (MM-DD-YYYY) _____

Last Name _____ First Name _____ MI _____ Previous Last Name (or Maiden) _____
 (If your name has changed since your last application, **proof of name change must be attached**, e.g. copy of marriage certificate, etc.)

Street Address _____ City _____ State _____ Zip Code _____
 Primary Phone _____ Secondary Phone _____
 Email (Required) _____
 Are you employed by a West Virginia School System? (Circle Yes / No) If YES, please indicate the school system: _____

Indicate Race and Ethnicity (Check all that apply)

Hispanic White Asian Black/African American
 Middle Eastern/North African (MENA) American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

3. Applicant Signature

I swear or affirm under the penalty of false swearing that all information provided in or with this application is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions of fact in or with this application are grounds for denial, suspension, or revocation of the license(s) that I am seeking or currently hold. The WVDE collects personal and non-personal information. Any information submitted or on record may be open to public inspection and/or publication as per our privacy policy located on our website.

Signature of Applicant _____ Date _____

4. Fingerprinting Information

Fingerprinting instructions at <https://wvde.us/certification/certification-info/application-forms/first-time-application/>

I have previously received Certification in WV.
 I have never held WV Certification and will complete at background through IdentoGo. All first-time applicants must have fingerprints processed by IdentoGo (<https://www.identogo.com>). A fingerprint service code will be sent to your e-mail once the application is received by the WVDE.

5. Superintendent Recommendation (Required if employed by a WV School System)

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application. When necessary, I have included documentation verifying this information. I have reviewed the disclosure of background information, and, to the best of my knowledge, the applicant is of good moral character and is physically, mentally, and emotionally qualified to perform the assigned duties. I recommend that s/he be granted certification.

Signature of Superintendent/Multi-County CTE Administrator, or WVSdT Superintendent/designee _____ County _____ Date _____

2. Disclosure of Background Information

If you answer yes to any question below, submit a narrative with your application. The narrative should include dates, locations, school systems, and any/all other information that explains the circumstance(s) in detail.	YES	NO	Previously Submitted
1) Have you ever had adverse action taken against any application, certificate, or license in any state? Adverse action includes but is not limited to the following: letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, or cancellation.			
2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?			
3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?			
4) Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?			
5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony?*			
6) Have you ever been arrested, charged with, or convicted of a misdemeanor? (For the purpose of this application, minor traffic violations should not be reported.) Charges or convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported.*			

*For a YES response to items 5 and 6, the following must be included for all charges, including those that have been dismissed:

- 1) Charging Document; and
- 2) Judgement Order; or
- 3) Final Disposition; and
- 4) All other relevant court documentation.



West Virginia DEPARTMENT OF
EDUCATION

REV 20210722

Form V18—Adult Permit for EMS and Fire Service Training

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Please verify the following:

INITIAL CERTIFICATION

RENEWAL OF CERTIFICATION

Initial Emergency Medical Services Certification

Initial Fire Service Certification

Please verify the following information for INITIAL Certification:

Please verify the following information for INITIAL Certification:

Y N	Minimum of High School Diploma or equivalent (Copy Attached and on file)
Y N	Minimum 4 years required volunteer/paid work experience (Form V10 is attached and on file)
Y N	Valid WV EMT/Paramedic License or National Registry EMT/Paramedic (Documentation on file)
Y N	Valid CPR instructor certification (Documentation on file)
Y N Date: _____	Achieved score of 85% or higher on WVDE approved examination (Documentation on file) (completion date required)
Y N Date: _____	Completed approved instructor training program for EMT instructors (Documentation on file) (completion date required)
Y N Date: _____	Completed approved field based experience for EMT instructors (Documentation on file) (completion date required)

Y N	Minimum of High School Diploma or equivalent (Copy Attached and on file)
Y N	Minimum 4 years required volunteer/paid work experience (Form V10 is attached and on file)
Y N Date: _____	Achieved score of 85% or higher on WVDE approved examination (Documentation on file) (completion date required)
Y N	Valid CPR certification (Documentation on file)
Y N	Valid First Aid or Advanced EMS certification (Documentation on file)

Indicate that the applicant completed required training in the following areas and the completion date where required (Documentation on file):

Y N Date: _____	Hazardous materials	Y N Date: _____	Firefighting
Y N Date: _____	Instructor training program	Y N Date: _____	Field-based experience in fire instructor training

For RENEWAL ONLY OF EMS Certification

For RENEWAL ONLY of Fire Service Certification

Y N	The applicant meets the following WVBE Policy 5202 requirements as verified by documentation filed by the Public Service Training Coordinator. This documentation is on file.
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Y N	The applicant meets the following WVBE Policy 5202 requirements as verified by documentation filed by the Public Service Training Coordinator. This documentation is on file.
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A. Applicant completed 30 hours of teaching in an approved EMS or Refresher Course:

Date:	Location:	
Date:	Location:	
Date:	Location:	

A. Applicant completed 30 hours of teaching activity in an approved fire service or related course:

Date:	Location:	
Date:	Location:	
Date:	Location:	

B. Applicant attended at least three approved instructor seminars:

Date:	Location:	
Date:	Location:	
Date:	Location:	

B. Applicant attended at least three approved instructor seminars:

Date:	Location:	
Date:	Location:	
Date:	Location:	

Signature of Employing Public Service Training Coordinator

C. Applicant holds valid:

Expiration Date: _____	WV EMT, WV Paramedic, National Registry EMT or National Registry Paramedic Certification (Documentation on file)
Expiration Date: _____	CPR Instructor Certification (Documentation on file)

As the Employer's Public Service Training Coordinator, I verify the information on this application is truthful and accurate. Additionally, I certify that the applicant is eligible to hold the requested licensure. I will make all of the applicant's documentation available to the WVDE upon request.

Signature _____ Employer _____ Date _____