

EMVO

(Emergency Medical Vehicle Operator)

Recertification Policies

WEST VIRGINIA
Department of

**Health &
Human
Resources**



BUREAU FOR PUBLIC HEALTH
Office of Emergency Medical Services



Emergency Medical Vehicle Operator Recertification Policy and Procedures (4 Year Certification)

PURPOSE: To establish requirements necessary for all applicants seeking recertification and authorization to be credentialed as an Emergency Medical Vehicle Operator.

POLICY: To ensure consistent standards and procedures for recertifying as an Emergency Medical Vehicle Operator in West Virginia.

PROCEDURE/REQUIREMENTS:

- A.** Submit a current complete online application to WVOEMS verifying a current driver's license between April 1 and September 30 prior to the end of the applicant's certification period. Online application available at www.wvoems.org. The application deadline is 90 days prior to expiration. Example: expire Dec. 31 must submit by Sept. 30.
1. Submit the appropriate fees as required in WV §64 CSR 48-6.9.
 2. Continuously meet all requirements for EMS personnel as described in WV §64 CSR 48.
 3. 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.
- B.** Successfully complete Hazmat Awareness training meeting OSHA 1910.120 or higher standards on an annual basis.
- C.** Successfully complete an approved CPR refresher course meeting WV §64 CSR 48-6.8.a.4. Applicant must show proof of a current valid certification.
- D.** Successfully complete an approved First Aid refresher course meeting WV §64 CSR 48-6.7.a.6. Applicant must show proof of a current valid certification.
- E.** Complete and submit the **EMVO Recertification Education Record**.
- F.** Meet other requirements established by the Commissioner.

This policy replaces all previous EMVO Recertification Education policies.
APPLICABLE CODE/RULE: WV Code §16-4C-6, §16-4C-8.1, and §64 CSR 48-6.

Emergency Medical Vehicle Operator Recertification Education Record

This document shall be completed as part of the requirements for EMVO recertification verifying the completion of all requirement outlined in the policy.

NAME:	
Certification Number: WV	
Agency Affiliation:	<input type="checkbox"/> Not Affiliated
State and Federal Requirements (4 Year Certification)	
	DATE
Haz Mat Awareness meeting OSHA 1910.120 or higher standards (required annually)	
CPR and First Aid Requirements	
	DATE
Current approved CPR refresher training meeting WV §64 CSR 48-6.8.a.4.	
Current approved First Aid refresher training meeting WV §64 CSR 48-6.7.a.6	
<i>By signing below I hereby warrant that the above named EMVO has completed the requirements outlined above and on the dates specified. Verification of course completion may be by Educational Institute or TSN Representative 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>	
Applicant:	Date:

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

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

<i>Printed Name</i>	