

Emergency Medical Vehicle Operator Initial Certification Education Record

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

NAME:		
Certification Number: WV		
Agency Affiliation:		<input type="checkbox"/> Not Affiliated
Requirements	HOURS	DATE
Emergency Vehicle Operations Class (EVOC)	16	
WVOEMS MCI Awareness and Operations	6	
Haz Mat Requirement		DATE
Haz Mat Awareness meeting OSHA 1910.120 or higher standards		
CPR and First Aid Requirements		DATE
Current approved CPR Training meeting WV §64 CSR 48-6.8.a.4.		
Current approved First Aid 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 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>		