



West Virginia  
Department of Health and Human Resources  
Bureau for Public Health  
Office of Emergency Medical Services

Replacement Card/Name Change Form

Name: \_\_\_\_\_  
(As it appears on your current certification card)

Social Security #: \_\_\_\_\_ Certification #: \_\_\_\_\_

Change Name To: \_\_\_\_\_

Replacement Card Requested:       ☆ Name Change Requested:

☆ If requesting name change, must include copy of license or court document granting name change.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

EMS Agency Affiliation: \_\_\_\_\_

*By submitting this form, I attest that I am the individual named above, and I authorize the Office of Emergency Medical Services to issue and mail the certification card requested.*

Signature: \_\_\_\_\_

**Please return to:**

WV Department of Health and Human Resources  
Bureau for Public Health  
Office of Emergency Medical Services  
350 Capitol Street, Room 515  
Charleston, WV 25301  
Attn: John Thomas

Phone (304) 558-3956

**NO FAXES, PLEASE**