



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

**Signature Admission Attachment
For EMS Personnel**

Applicant Name: _____

Applicant Address: _____

Squad Affiliation: _____

When you are affiliated with a **licensed West Virginia Emergency Medical Service Agency**, please have the Agency Director and the Agency Medical Director of that service sign the enclosed application, and return it to this Office stating your affiliation.

Signature of EMS Agency Director _____
Date

Signature of Squad Medical Director _____
Date

★ _____
Signature of Regional Medical Director _____
Date
(Required **ONLY** for Paramedics, EMSA-RN's, EMSA-FN's, EMSA-PA's)

★ _____
Signature of RESA Coordinator _____
Date
(Required for EMT Initial Certification **ONLY**)

Signature of Applicant _____
Date

This form will be attached to the original application for certification/re-certification to fulfill the original signatures requirement. Please obtain the signatures requested in the above positions.

Signatures missing from the original application are marked with an X , and must be obtained on this form before your application can be processed.

This form must be returned to the:

West Virginia Bureau for Public Health
Office of Emergency Medical Services
350 Capitol Street, Room 515
Charleston, WV 25301-3716