

EMVO

(Emergency Medical Vehicle Operator)

Certification & Recertification Policies

(2 Year Certification)

WEST VIRGINIA
Department of

**Health &
Human
Resources**

BUREAU FOR PUBLIC HEALTH

Office of Emergency Medical Services



Emergency Medical Vehicle Operator Initial Certification Policy and Procedures

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

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

PROCEDURE/REQUIREMENTS:

- A.** Apply for certification by completing an online application at www.wvoems.org.
- B.** Submit the appropriate fees as required in WV §64 CSR 48-6.9.
- C.** Be 18 years of age or greater.
- D.** Possess a valid driver's license.
- E.** Disclose any limitation or exclusion by any EMS Agency, EMS Medical Director, or any other healthcare professions certification or licensing authority in any state, territory or the U.S. Military Services.
- F.** Apply for and be cleared by the State and National background checks for WVOEMS as required in WV §16- 4C-8.1.1:
- G.** Create a valid CIS account.
- H.** Successfully complete Hazmat Awareness training meeting OSHA 1910.120 or higher standards.
- I.** Successfully complete WVOEMS approved MCI Awareness and Operations Training (6 hours).
- J.** Successfully complete an approved CPR Training course meeting WV §64 CSR 48-6.8.a.4. Applicant must show proof of a current valid certification.
- K.** Successfully complete an approved First Aid course meeting WV §64 CSR 48-6.7.a.6. Applicant must show proof of a current valid certification.

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- L. Complete a WVOEMS approved Emergency Vehicle Operations Course (EVOC) course meeting the current approved education standards.
- M. Complete and submit the **EMVO Initial Certification Education Record**.
- N. Meet other requirements established by the Commissioner.

This policy replaces all previous EMVO Initial Certification policies.

APPLICABLE CODE/RULE: WV Code §16-4C-6, §16-4C-8.1, and §64 CSR 48-6.

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 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 TSN Representative:		
_____ <i>Signature</i>		
Educational Institute or TSN Representative:		Date:
_____ <i>Printed Name</i>		

Emergency Medical Vehicle Operator Recertification Policy and Procedures (2 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 TSN Representative: _____	
<i>Signature</i>	
Educational Institute or TSN Representative: _____	Date:
<i>Printed Name</i>	