

# EMT

(Emergency Medical Technician)

## Certification & Recertification Policies

**(4 Year Certification)**

WEST VIRGINIA  
Department of

**Health &  
Human  
Resources**  
**BUREAU FOR PUBLIC HEALTH**  
Office of Emergency Medical Services



## EMT Initial Certification Policy and Procedures

**PURPOSE:** To establish requirements necessary for all applicants seeking certification and authorization to be credentialed and practice at the Emergency Medical Technician level.

**POLICY:** To ensure consistent standards and procedures for certifying as an Emergency Medical Technician (EMT) in West Virginia.

### PROCEDURE/REQUIREMENTS:

- A. Apply for certification by completing an online application at [www.wvoems.org](http://www.wvoems.org).
- B. Submit the appropriate fees as required in WV §64 CSR 48-6.9.
- C. Be 16 years of age or greater however; the EMT that is under 18 years of age may not function as the primary patient care attendant or driver of any EMS emergency vehicle per WV §64 CSR 48-6.1.a.
- D. 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.
- E. Apply for and be cleared by the State and National background checks for WVOEMS as required in WV §16- 4C-8.1.1:
- F. Create a valid CIS account.
- G. Successfully complete Hazmat Awareness training meeting OSHA 1910.120 or higher standards.
- H. Successfully complete WVOEMS approved MCI Awareness and Operations Training (6 hours).
- I. 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.
- J. Successfully complete a WVOEMS BLS Protocol In-service (4 hours).
- K. Complete a WVOEMS approved course meeting the current approved education standards consisting of a minimum of 150 classroom hours conducted by a WVOEMS approved BLS training institute.

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- L. Successfully complete and pass all practical skills evaluations for the EMT level of certification conducted by WVOEMS approved skills evaluators.
- M. Successfully complete and pass all cognitive examinations with a passing score for the level of certification, by the following options:
  1. **Option 1:** National Registry of EMT cognitive examination.
  2. **Option 2:** WV State Initial Certification cognitive examination. This exam shall be administered by WVOEMS approved training agencies.
- N. Complete and submit the **EMT Initial Certification Education Record**.
- O. Meet other requirements established by the Commissioner.

This policy replaces all previous policies for EMT initial certification.

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

**EMT Initial Certification-Education Record**

This document shall be completed as part of the requirements for BLS initial certification verifying the completion of a WVOEMS approved EMT course, practical skills, and completion of the State and Federal Requirements.

NAME:		
Certification Number: <b>WV</b>		
Agency Affiliation:		<input type="checkbox"/> Not Affiliated
<b>Initial Certification Requirements</b>	<b>WVOEMS Course #</b>	<b>DATE</b>
WVOEMS Approved EMT Initial Course Completion		
WVOEMS Approved Initial Skills Completion		
<b>State and Federal Requirements</b>	<b>HOURS</b>	<b>DATE</b>
WVOEMS MCI Awareness and Operations	<b>6</b>	
EMT Protocol In-Service	<b>4</b>	
<b>Haz Mat Requirement</b>		
Haz Mat Awareness meeting OSHA 1910.120 or higher standards		
<b>CPR Requirement</b>		
Current approved CPR Training meeting WV §64 CSR 48-6.8.a.4.		
<i>By signing below I hereby warrant that the above named BLS provider 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:	_____ <i>Printed Name</i>	Date:
Educational Institute or TSN Representative:		
_____ <i>Signature</i>		
Educational Institute or TSN Representative:	_____ <i>Printed Name</i>	Date:

# EMT Recertification Policy and Procedures (4 Year Certification)

**PURPOSE:** To establish standard requirements to be met by all applicants seeking to become recertified and authorized to practice Emergency Medical Services at the Emergency Medical Technician Level in West Virginia. EMT's shall have the ability to recertify utilizing one of two methods: National Registry or State Recertification.

**POLICY:** To ensure consistent standards and procedures for recertifying as an Emergency Medical Technician (EMT) in West Virginia.

### **PROCEDURE/REQUIREMENTS:**

- A.** Submit a current complete online application to WVOEMS between April 1 and September 30 prior to the end of the applicant's certification period. Online application available at [www.wvoems.org](http://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.

## **EMT Recertification Policy and Procedures (4 Year Certification)**

- B. 28 Hour Recertification Course** – providers must submit an **EMT Recertification Continuing Education Record** documenting completion of a WVOEMS approved refresher class consisting of the following hours:

<b>Category</b>	<b>Hours</b>
Preparatory	1
Airway	3
Patient Assessment	4
Pharmacology	1
Medical	4
Trauma	4
Obstetrics/Pediatrics	2
Geriatric	4
Documentation	1
Practical Skills	4
<b>Total</b>	<b>28</b>

- C.** Complete an **EMT Recertification Skills Evaluation Record** documenting successful completion of required skills.
- D. Evaluation** - Complete an Education Determinate Evaluation approved by WVOEMS. A passing score of 70% shall be required for recertification. Applicants shall have three (3) attempts to obtain a passing score of 70% at which point, they will be required to repeat the 28 hour refresher course prior to retesting one (1) time. After this forth attempt the candidate will be required to repeat the EMT program.
- E. Additional Continuing Education** - providers must submit a **EMT Recertification Continuing Education Record** documenting additional continuing education in addition to possessing a current CPR card. These classes will only be counted for the number of hours listed per recertification period. (Example: you cannot take multiple MCI classes and count the additional hours.)

### EMT Recertification Policy and Procedures (4 Year Certification)

1. State and Federal mandates require the following included as part of the 24 additional CE hours:
  - a. Haz Mat awareness meeting OSHA 1910.120 or higher standards annually.
  - b. WVOEMS BLS Protocol review totaling **4 hours** per recertification period.
  - c. MCI or Disaster Management related training to include mass casualty drills totaling a minimum of **2 hours** per recertification period. Any additional hours may be applied to required CE.
  - d. Successfully complete an approved CPR Training/refresher course meeting WV §64 CSR 48-6.8.a.4. Applicant must show proof of a current valid certification.
2. Additional continuing education may be acquired through in squad training, EMS conferences, rescue courses related to EMS, law enforcement courses related to EMS, approved online courses, and BLS alphabet courses. 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, CIS entry, or other approved method.
3. Refer to the WVOEMS EMS Education Approval Policy and Procedures document that outlines the process for submission and approval of educational opportunities.
4. A maximum of twelve (12) CE hours will be applied from any one topic area related to EMS. (Example: EMS related Rescue or Law Enforcement classes)

## EMT Recertification Policy and Procedures (4 Year Certification)

5. College courses:

- a. A maximum of twelve (12) hours may be applied to this section for successful completion if the following topics:
  - i. Anatomy
  - ii. Cellular Biology
  - iii. Communications
  - iv. Chemistry
  - v. Microbiology
  - vi. Pharmacology
  - vii. Psychology
  - viii. Sociology
- b. Coursework must be completed during the certification period.
- c. Documentation must be an official college transcript.
- d. One (1) college credit will equal eight (8) hours CE not to exceed twelve (12) hours per topic.

**F. On-Line Courses** – On-line education is allowed under the following guidelines:

1. On-line courses must be pre-approved by WVOEMS.
2. WVOEMS will enter these programs as Category 1 (pre-approved) in CIS.
3. On-line education may account for up to 50% of the required education.

**G. National Registry OPTION:** EMTs may also recertify utilizing National Registry in the following manner:

1. Complete all requirements for recertification outlined by National Registry.
2. Submit a copy of your National Registry card to WVOEMS.
3. Complete the requirements of sections **A**, **C**, **D** and **E** of this policy.



## **EMT Recertification Policy and Procedures (4 Year Certification)**

- H. Lapse in Certification** - EMTs that do not maintain a valid certification shall have a period of two years after expiration to recertify their EMT certification. Once meeting the requirements of this policy to recertify, the EMT shall be issued a card valid through the remainder of the normal certification period. (Example: An EMT that has been expired for 18 months and has now met the requirements for recertification, will receive a valid card for the remainder of the normal certification period which would be 6 months.)
1. In cases where a lapse in certification has occurred and there is no background check on file with WVOEMS, the applicant will be required to apply for and be cleared by the State and National background checks for WVOEMS as required in WV §16- 4C-8.1.1

This policy replaces all previous policies for EMT recertification.

**EMT Recertification - Continuing Education Record**

This document shall be completed as part of the requirements for BLS recertification verifying the completion of the WVOEMS approved 28 hour refresher course and required continuing education in addition to possessing a valid CPR certification.

NAME:		
Certification Number: <b>WV</b>	Expiration Date:	
Agency Affiliation:	<input type="checkbox"/> Not Affiliated	
<b>Exam</b>		<b>DATE</b>
Completion of written exam with a passing score of 70%		
National Registry Option <i>(Must submit a copy of the National Registry Card)</i>		
<b>28 Hour Recertification Course</b>		<b>DATE</b>
WVOEMS Approved 28 hour EMT Refresher Course with skills		
<b>State and Federal Requirements (4 Year Certification)</b>	<b>HOURS</b>	<b>DATE</b>
MCI or Disaster Management related training including drills	<b>2</b>	
EMT BLS Protocol Review	<b>4</b>	
<b>Haz Mat Requirement</b>		<b>DATE</b>
Haz Mat Awareness meeting OSHA 1910.120 or higher standards		
<b>CPR Requirement</b>		<b>DATE</b>
Current approved CPR Training meeting WV §64 CSR 48-6.8.a.4.		
<b>Additional Elective CE (Minimum of 6 hour required)</b>	<b>HOURS</b>	<b>DATE</b>
<i>By signing below we hereby warrant that the above named BLS provider 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:		Date:
_____		
<i>Signature</i>		
Educational Institute or TSN Representative:		
_____		
<i>Signature</i>		
Educational Institute or TSN Representative:		Date:
_____		
<i>Printed Name</i>		

**EMT Recertification-Skills Evaluation**

This document shall be completed as part of the requirements for EMT recertification and shall be completed once during the recertification period. Skills may be based on direct observation, successful field completion, or skills stations evaluations from an approved WVOEMS Education Institute or TSN or Agency Medical Director.

NAME:	
Certification Number: <b>WV</b>	Expiration Date:
Agency Affiliation:	<input type="checkbox"/> Not Affiliated
SKILL	DATE
Trauma Patient Assessment	
Medical Patient Assessment <i>(must include baseline vitals and administration of one of the following medications: Oral Glucose, Nitroglycerin, Epinephrine, or a nebulized medication treatment)</i>	
Cardiac Arrest Management / AED	
Airway Management	
Bleeding Control / Shock Management	
<i>Both signatures below are required with the exception of those not affiliated with an EMS agency. By signing below we hereby warrant the above named EMT provider was evaluated on the skills outlined and on the dates specified.</i>	
Agency Medical Director: <i>(Not required if you are unaffiliated)</i>	
_____	
<i>Signature</i>	
Agency Medical Director: <i>(Not required if you are unaffiliated)</i>	Date:
_____	
<i>Printed Name</i>	
Educational Institute or TSN Representative:	
_____	
<i>Signature</i>	
Educational Institute or TSN Representative:	Date:
_____	
<i>Printed Name</i>	