

Credential Recognition & Transfer Policy

WEST VIRGINIA
Department of

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



Credential Recognition and Transfer Policy and Procedures

PURPOSE: To establish standard requirements to be met by all applicants currently seeking to become certified as an Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Care Technician (ACT), Paramedic, or equivalent levels in another US State or territory. These applicants **MUST** currently possess a valid National Registry or State Certification in a state other than West Virginia.

POLICY: To ensure consistent standards and procedures for obtaining legal recognition of credentials held in states other than West Virginia. **This policy SHALL NOT be utilized to obtain credential recognition for West Virginia providers seeking certification or re-certification.**

PROCEDURE/REQUIREMENTS:

- A.** Submit a current complete online application to WVOEMS. Online application available at www.wvoems.org (See WV Code §64-48-6.5.a).
1. Submit the appropriate fees (See WV Code § 64-48-6.5.a).
 2. 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 (See WV Code §64-48-6.5.g.).
- B.** Be 16 years of age or greater however; those under 18 years of age may not function as the primary patient care attendant or driver of any EMS emergency vehicle (See WV Code §64-48-6.1.a.). Those seeking credential recognition as an ACT or Paramedic must be 18 years of age or greater.
- C. CIS Account:** Create a valid CIS account.
- D. State and Federal Criminal Background Check**
1. Apply for and be cleared by the State and Federal background checks (See WV Code § 64-48-6.5.c.):

In the event that the WVOEMS official background check results have not been received upon the candidate completing the remainder of the requirements in this policy, WVOEMS will issue a 120 day temporary

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certification based on results from a third party preliminary state and national criminal background check service.

Third party background checks shall be directly submitted to WVOEMS. Background checks submitted through agencies other than the agency performing the background check will not be accepted.

In the event that a temporary 120 day card is issued based on a third party background check, it is subject to revocation at any time should the WVOEMS official background check reveal information that would exclude the individual from legal recognition. Upon the WVOEMS issuing a permanent certification card, the temporary card is null and void.

- E. Demonstration of Equivalent Education.** Applicant must have completed a National Education Standards Course for the level of certification sought that is equivalent to WVOEMS approved courses. See WV Code §64-48-6.5.b.
1. EMT course consisting of a minimum of 120 hours utilizing the EMS education standards approved by WVOEMS plus **Required State and Federal mandated education** and the EMT skills evaluation.
 2. Paramedic education program appropriate for the level of certification as prescribed by the Commissioner.
- F. Demonstration of Competency.** An applicant must demonstrate competency by one of the following methods (See WV Code §64-48-6.5.d.):
1. **National Registry Option:** If the applicant possesses a current National Registry certification at the appropriate level, with 120 days or more remaining, the applicant may:
 - a. Submit a copy of your National Registry card to WVOEMS.
 - b. A supplementary skill sheet is not required for those meeting the criteria for National Registry

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2. **State Certification Option:** If the applicant possess a valid state certification with 120 days or more remaining, the applicant may:
 - a. Complete all requirements for recertification outlined by the current issuing state or have a current state certification with one (1) year or more remaining.
 - b. Complete an Education Determinate Evaluation approved by WVOEMS. A passing score of 70% shall be required for certification. Applicants shall have three (3) attempts to obtain a passing score of 70% at which point, they will be required to complete a refresher course prior to retesting. This exam shall be administered by WVOEMS approved training agencies.
 - i. EMT - WV State Initial Certification cognitive examination for EMT.
 - ii. Paramedic - WV Legal Recognition cognitive exam for Paramedic.
 - iii. Complete exams for other certification levels (EMR, ACT, EMVO) as directed by WVOEMS if applicable.
 - c. Applicant must successfully complete and pass all practical skills evaluations through a WVOEMS approved training agency for the level of certification sought.
- G. State and Federal mandated education** – all applicants must submit a **Credential Recognition – WVOEMS Continuing Education Record** for the appropriate provider level documenting additional continuing education as well as possess a current CPR certification as follows (See WV Code §64-48-6.5.e.):
1. Haz Mat awareness meeting OSHA 1910.120 or higher standards.

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2. WVOEMS Protocol review for the appropriate level totaling **4 hours**. **This may require additional education to ensure competency in skills and medications not utilized in transferring states.** (*The exception to this is EMR which follow the standard of care and are exempt from this 4 hour requirement*)
3. MCI or Disaster Management course totaling **6 hours**.
4. Approved CPR refresher meeting WV §64 CSR 48-6.8.a.4. Applicant must show proof of current valid CPR certification.

Certification Period: West Virginia certifications will be issued for the remainder of time left on your current certification up to a maximum of two (2) years. **Example:** *An individual holds a current state certification in a state other than West Virginia wishes to become certified in West Virginia. His or her certification expires in six (6) months in the respective state and they have met all the requirement in this policy for credential recognition and transfer. They will be issued a certification card in West Virginia valid for six (6) months and now fall within the guidelines for West Virginia recertification.*

This policy replaces all previous Credential Recognition and Transfer Requirements.

EMR Credential Recognition and Transfer Continuing Education Record

This document shall be completed as part of the requirements for EMR credential recognition and transfer.

NAME:		
Certification Number: WV	Expiration Date:	
Agency Affiliation:	<input type="checkbox"/> Not Affiliated	
Exam (If Applicable)		DATE
Completion of written exam with a passing score of 70% <i>(if applicable utilizing the state certification option)</i>		
National Registry Option <i>(Must submit a copy of the National Registry Card)</i>		
State and Federal Requirements	HOURS	DATE
MCI or Disaster Management related training including drills	6	
Haz Mat Requirement		DATE
Haz Mat Awareness meeting OSHA 1910.120 or higher standards		
CPR Requirement		DATE
Approved CPR Refresher meeting WV §64 CSR 48-6.8.a.4.		
<p><i>By signing below we hereby warrant that the above named EMR 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></p>		
Applicant:	_____	Date:
	<i>Signature</i>	
Educational Institute or TSN Representative:	_____	
	<i>Signature</i>	
Educational Institute or TSN Representative:	_____	Date:
	<i>Printed Name</i>	

EMR Credential Recognition and Transfer Skills Evaluation

This document shall be completed as part of the requirements for EMR credential recognition and transfer. 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.

THIS SHEET IS NOT REQUIRED IF YOU ARE UTILIZING THE NATIONAL REGISTRY METHOD.

NAME:	
Certification Number: WV	Expiration Date:
Agency Affiliation:	<input type="checkbox"/> Not Affiliated
SKILL	DATE
Cardiac Arrest Management / AED	
Bleeding Control and Shock Management	
Oxygen Administration	
Medical Patient Assessment with Baseline Vitals	
Trauma Patient Assessment with Baseline Vitals	
<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 EMR provider was evaluated on the skills outlined and on the dates specified.</i>	
Agency Medical Director: (Not required if you are unaffiliated) _____ <i>Signature</i>	
Agency Medical Director: (Not required if you are unaffiliated) _____ <i>Printed Name</i>	Date:
Educational Institute or TSN Representative: _____ <i>Signature</i>	
Educational Institute or TSN Representative: _____ <i>Printed Name</i>	Date:

**EMT Credential Recognition and Transfer
WVOEMS CE Record**

This document shall be completed as part of the requirements for EMT credential recognition and transfer.

NAME:		
Certification Number: WV	Expiration Date:	
Agency Affiliation:	<input type="checkbox"/> Not Affiliated	
Exam		DATE
Successful completion of written exam with a passing score of 70% <i>(if applicable utilizing the state certification option)</i>		
National Registry Option <i>(Must submit a copy of the National Registry Card)</i>		
State and Federal Requirements	HOURS	DATE
MCI or Disaster Management training	6	
EMT Protocol Review	4	
Haz Mat Requirement		DATE
Haz Mat Awareness meeting OSHA 1910.120 or higher standards		
CPR Requirement		DATE
Approved CPR Refresher meeting WV §64 CSR 48-6.8.a.4.		
<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 Credential Recognition and Transfer
Skills Evaluation**

This document shall be completed as part of the requirements for EMT credential recognition and transfer. 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.

THIS SHEET IS NOT REQUIRED IF YOU ARE UTILIZING THE NATIONAL REGISTRY METHOD.

NAME:	
Certification Number: WV	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>	

Advanced Care Technician Credential Recognition and Transfer - CE Record

This document shall be completed as part of the requirements for ACT credential recognition and transfer.

NAME:		
Certification Number: WV	Expiration Date:	
Agency Affiliation:	<input type="checkbox"/> Not Affiliated	
Exam (if Applicable)		DATE
Completion of written exam with a passing score of 70% <i>(if applicable utilizing the state certification option)</i>		
National Registry Option <i>(Must submit a copy of the National Registry Card)</i>		
State and Federal Requirements	HOURS	DATE
MCI or Disaster Management training	6	
Advanced Care Technician Protocol Refresher	4	
Haz Mat Requirement		DATE
Haz Mat Awareness meeting OSHA 1910.120 or higher		
CPR Requirement		DATE
Approved CPR Refresher meeting WV §64 CSR 48-6.8.a.4.		
<i>By signing below I hereby warrant that I have 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>	

Advanced Care Technician Credential Recognition and Transfer - Skills Evaluation

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

THIS SHEET IS NOT REQUIRED IF YOU ARE UTILIZING THE NATIONAL REGISTRY METHOD.

NAME:	
Certification Number: WV	Expiration Date:
Agency Affiliation:	<input type="checkbox"/> Not Affiliated
SKILL	DATE
Random Basic Skills (Spinal Immobilization Seated, Spinal Immobilization Supine, and Bleeding and Shock)	
Ventilatory Management (Adult and Pediatric)	
Cardiac Arrest Management	
EKG Interpretation	
Intraosseous Infusion (Adult and Pediatric)	
Intravenous Therapy	
Patient Assessment (Medical and Trauma)	
Medication Administration	
<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 ACT 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>	

**Paramedic Credential Recognition and Transfer
WVOEMS CE Record**

This document shall be completed as part of the requirements for Paramedic credential recognition and transfer verifying the completion of continuing education.

NAME:		
Certification Number: WV	Expiration Date:	
Agency Affiliation:	<input type="checkbox"/> Not Affiliated	
Exam		DATE
Completion of written exam with a passing score of 70% <i>(if applicable utilizing the state certification option)</i>		
National Registry Option <i>(Must submit a copy of the National Registry Card)</i>		
State and Federal Requirements		HOURS
MCI or Disaster Management training	6	
Paramedic Protocol Review	4	
Haz Mat Requirement		DATE
Haz Mat Awareness meeting OSHA 1910.120 or higher standards		
CPR Requirement		DATE
Approved CPR Refresher meeting WV §64 CSR 48-6.8.a.4.		
<i>By signing below I hereby warrant that I have 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>	

Paramedic Credential Recognition and Transfer Skills Evaluation

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

THIS SHEET IS NOT REQUIRED IF YOU ARE UTILIZING THE NATIONAL REGISTRY METHOD.

NAME:	
Certification Number: WV	Expiration Date:
Agency Affiliation:	<input type="checkbox"/> Not Affiliated
SKILL	DATE
Airway Management / Intubation	
Chest Decompression	
Cardiac Arrest Management	
EKG Interpretation	
Intraosseous Infusion (Adult and Pediatric)	
Intravenous Therapy	
Percutaneous Cricothyrotomy	
Patient Assessment (Medical and Trauma)	
Medication Administration	
<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 ALS provider was evaluated on the skills outlined and on the dates specified.</i>	
Agency Medical Director: (Not required if you are unaffiliated) _____ <p style="text-align: center;"><i>Signature</i></p>	
Agency Medical Director: (Not required if you are unaffiliated) _____ <p style="text-align: center;"><i>Printed Name</i></p>	Date:
Educational Institute or TSN Representative: _____ <p style="text-align: center;"><i>Signature</i></p>	
Educational Institute or TSN Representative: _____ <p style="text-align: center;"><i>Printed Name</i></p>	Date: