



Certification History/Background Check

Please complete the grey section of this form and then forward a signed copy of this form to your state's Office of EMS or certifying authority.

APPLICANT INFORMATION:

Name _____
 Last Name _____ First Name _____ MI _____

Mailing Address _____
 Number, Street, Apt. _____ City _____ State _____ Zip +4 _____

E-mail Address _____ Phone # _____

Social Security Number _____ Certification # _____

I authorize the certifying/licensing agency to verify the information below.

Signature _____ Date _____

ALL ITEMS LISTED BELOW ARE TO BE COMPLETED BY THE CERTIFYING/LICENSING AGENCY

The following applicant is seeking certification as an EMS provider in the Commonwealth of Virginia. Please verify the status of the EMS provider listed below.

LEVEL OF CERTIFICATION OF THE PROVIDER LISTED ABOVE:

- Emergency Medical Technician Advanced EMT Paramedic
 Other _____

Certification Expiration Date: _____

EDUCATION VERIFICATION:

- Provider completed an EMS program approved by our state or through an accredited training center recognized by our state.

Date and level of most recent training: _____

CRIMINAL VERIFICATION

To the best of your knowledge, has the applicant even been convicted of a felony or misdemeanor? Yes No

Has the applicant's certification/licensure been suspended or revoked as a result of disciplinary action?

- Yes No Explain: _____

Do you know of any reason this individual should be denied a Virginia EMS certification?

- Yes No Explain: _____

STATE AGENCY VERIFICATION

I hereby verify that the information provided above is accurate and correct to the best of my knowledge at the date and time I signed this document.

Official's Name _____
Last Name _____ First Name _____ MI _____

Official Title _____

Signature _____ Date _____

Please e-mail a scanned copy to ACE.support@vdh.virginia.gov.