

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	
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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 above.

LEVEL OF CERTIFICATION OF THE PROVIDER LISTED ABOVE:

- ☐ EMT ☐ Advanced EMT ☐ Paramedic
☐ Other _____

Certification Expiration Date: _____

EDUCATION VERIFICATION:

- ☐ Provider completed an EMS program approved by your state or through an accredited training center recognized by your 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
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Official Title	_____
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Signature	_____	Date	_____
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Please e-mail to Deborah.T.Akers@vdh.virginia.gov. If you have any questions, please contact 804-888-9122.