TACTICAL MEDICAL PROFESSIONAL
CERTIFICATION APPLICATION

*Applicant instructions: Complete all applicable fields, attach supporting documentation, and submit the application with the **$200 fee** according to the certifying authority's submission instructions.*

SECTION 1 — APPLICANT INFORMATION

Full legal name	Last: First: MI:
Date of birth	Month: December Day: Year:
Mailing address __Physical __PO Box	
City / State / ZIP	City: State: West Virginia Zip:
Primary phone	( ) -
Preferred contact method	Phone Email Mail

SECTION 2 — PROFESSIONAL CREDENTIALS

Select the credential category that applies and provide the requested details.

Credential category (check one or more as applicable)	Emergency Medical Services Personnel Registered/Practical Nurse Physician Physician Assistant
License / certification type	
License / certification number	
Issuing state / licensing authority	West Virginia
Expiration date	Month: December Day: Year: (ie: ####)
Current / active status	Yes No Other

SECTION 3 — TACTICAL MEDICAL TRAINING

Nationally recognized tactical medical program	
Training provider	
Course completion date	Month: December Day: Year: (ie: ####) Total Hours:
TCCC-equivalent training completed?	Yes No Pending:
TEMS-equivalent training completed?	Yes No Pending:
Other relevant tactical / austere-environment training	

SECTION 4 — LAW-ENFORCEMENT AGENCY *AFFILIATION / VERIFICATION / ENDORSEMENT / FIREARMS TRAINING*

To be completed by an authorized representative of the affiliated law-enforcement agency, if required.

Law-enforcement agency	
Agency address	
Agency Phone	( ) -
Nature of attachment / assignment	
Agency confirms current affiliation / assignment?	Yes No
Agency confirms authorization for tactical medical duties?	Yes No
Agency authorizes on-duty firearm carry, if applicable?	Yes No
Law-enforcement Firearms training program completed / date of completion	Yes No Month: December Day: Year: (ie: ####)
Firearms Instructor	Name: Rank: Leps #: Email:
Firearms qualification documentation attached	Yes No
Prior relevant certification or qualification	Yes No
Agency representative / title	/
Signature / date	Month: December Day: Year: (ie: ####)

SIGNATURE DATE

SECTION 6 — REQUIRED SUPPORTING DOCUMENTS

___ Copy of current professional license or EMS certification

___ Proof of completion of a nationally recognized tactical medical program equivalent to TCCC and TEMS Training

___ certificate(s), course transcript, or other proof of training

___ Documentation of attachment or assignment with a state or political-subdivision law-enforcement agency Agency

___ endorsement / authorization, if required by the certifying authority

___ Law-enforcement training and firearms qualification records, if applying for on-duty firearm-carry certification

SECTION 7 — APPLICATION FEE

Fee due: $200.00. Payment method / transaction reference:		
___ Payment enclosed	___ Electronic payment	___ Payment to be submitted separately
Payable to / payment address or portal:		

SECTION 8 — APPLICANT ATTESTATION

I certify that the information provided in this application and its attachments is true and complete to the best of my knowledge. I authorize verification of the credentials and training information provided. I understand that submission of this application and payment of a fee do not, by themselves, grant certification, authorize me to carry a firearm, or establish agency authorization. I understand that any firearm-carry authority is subject to applicable law, agency-specific authorization, and the required certificate and law-enforcement training.

Applicant signature	
Printed name	
Date	Month: December ▾ Day: Year: (ie: ####)

SECTION 9 —DIVISION OF ADMINISTRATIVE SERVICES USE ONLY

Application Reference Number _____

Date received	Month: December ▾ Day: Year:
Fee status	___ Paid ___ Unpaid ___ Waived ___ Pending Verification
Credentials verified	___ Yes ___ No ___ Further Information Required
Training verified	___ Yes ___ No ___ Further Information Required
Decision	___ Approved ___ Denied ___ Incomplete ___ Pending
Conditions / reason / notes	
Reviewer / title / date	Name: Title: Date:

STATUTORY BASIS AND IMPORTANT NOTICE

This draft application is based on the supplied excerpt of West Virginia Code §§ 30-43-1 through 30-43-3 and § 30-29-3(19). The excerpt defines a tactical medical professional as qualifying EMS personnel, a nurse, physician, or physician assistant who has completed nationally recognized tactical medical training equivalent to Tactical Combat Casualty Care (TCCC) and Tactical Emergency Medical Support (TEMS), and who functions in a tactical or austere environment while attached to a state or political-subdivision law-enforcement agency. The excerpt further states that on-duty firearm carry requires specific agency authorization and the certificate described in § 30-43-2. This form is an administrative draft and does not represent an official government form or confirm current application procedures, eligibility standards, or an official $200 fee. Verify current requirements and the fee recipient/payment process with the appropriate certifying authority before use.