

Student's Name \_\_\_\_\_

**West Virginia Department of Education  
Classroom Verification Form for Classroom Training or  
Safe Transit Online Program**

Training Required	Minimum Credit Hours	Actual hours	Trainer's Initials	Applicant's Initials	Date Completed
Accidents & Emergencies Sect. F	2 Hours				
Blind Spots/Danger zones & Mirrors	1 Hour				
Controlling the School Buses Sect. C	2 Hours				
Detecting Hazards Sect. D	1 Hour				
Emergency Driving Techniques	1 Hour				
Field Trips Sect. H	1 Hour				
Loading Unloading Procedures	1 Hour				
Passenger Control Sect. G	1 Hour				
Pre-trip Air Brake Inspection Sect. B	1 Hour				
Railroad Highway Crossing	1 Hour				
School Bus Operation Sect. B	2 Hours				
School Operator Roles Responsibilities Sect. A	1 Hour				
School Bus Transportation Policies & Procedures	2 Hours				
Transportation Exceptional Students Sect. I	1 Hour				
Alcohol and Drug Testing Requirement	1 Hour				

Training Required	Minimum Credit Hours	Actual hours	Trainer's Initials	Applicant's Initials	Date Completed
Certification Test	1 Hour				
Special needs Per Policy 4336	6 Hours				
First Aid in class	3				
CPR	3				
Policies 2422.7, 2423, 4373, 5500.02, 5902	3 Hours				
County Policies & Procedures	1 Hour				

**Additional Relevant Training to Meet the Minimum Requirement of 40 Hours of Classroom Training**

Additional Training	Credit Hours	Actual hours	Trainer's Initials	Applicant's Initials	Date Completed
Chain Installation	1 Hour				
Basic Fire Extinguisher Training	.5 Hour				
CDL Prep	2.5 Hours				

**Minimum 40 hours**

**Total Hours**

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I, the trainer, certify that the applicant has received the training described above.

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I, the applicant, certify that I have received the training described above.

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Sign and Print Name