

Student's Name _____

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

Training Required	Minimum Credit 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			
Certification Test	1 Hour			
Special needs Per Policy 4336	6 Hours			
First Aid in class	3.5			
CPR	3.5			
Policies 2422.7, 2422.8, 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

Chain Installation	1 Hour			
Alcohol and Drug Testing Requirement	.5 Hour			
Basic Fire Extinguisher Training	.5 Hour			
CDL Prep	2 Hours			

Minimum 40 hours

Total Hours _____

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

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

 Sign and Print Name