

East County EMT Application

General Information

2018 class: month day –month day. Class will meet Tuesday and Thursday evenings 1800-2200 and approximately every other Saturday 0800-1700.

Prerequisites (Must Be Completed Prior to Class)

1. High school diploma or GED certificate.
2. Current American Heart Association **BLS CPR for Healthcare Providers** or American Red Cross **CPR for the Professional Rescuer** card. May be taken as pre-training session for EMT class.
3. 4-hour Infectious Disease Prevention for EMS Provider's class, or 7 hours HIV/AIDS education. May be taken as pre-training session for EMT class.
4. Physical strength adequate to perform the normal functions of an EMT, which includes the ability to lift and move up to 125 lbs.
5. Students must possess the aptitude and ability to perform critical thinking in the field.
6. Successfully pass a Washington State Patrol criminal background check or background check equal to the WSP criminal background check.
7. Current WA state driver's license
8. Verification of health insurance (personal or thru employer).
9. Basic Urine Drug Test
10. Tuberculin PPD test **within last 12 months (requirement of the ER)**
11. Affiliation with an EMS agency preferred.

New National Guideline Recommendations: Students are encouraged to have taken a Hazardous Materials Awareness course. It is also STRONGLY recommended that students complete the IS 100.a and IS 700.a courses, available from the FEMA website (<http://training.fema.gov/IS/>) as the NREMT exam will address these areas in more depth than is covered in the EMT Program.

Please send all EMT applications to the EMS Council Office:

Email: andrea@whatcomcountyems.com

Fax: 360-788-6492

Mail: Whatcom County EMS Trauma Care Council

800 E. Chestnut St. Suite 1C

PO Box 5125

Bellingham, WA 98227

EMERGENCY MEDICAL TECHNICIAN TRAINING APPLICATION

1. APPLICANT INFORMATION: *Please Print*

Name _____ Soc. Sec # _____
Address _____ Birth Date ____/____/____
City _____ Zip _____
Email _____ Phone # () _____
High School Graduate? Yes / No GED Certificate? Yes / No
Physically able to do the work of an EMT? Yes No

2. AGENCY AFFILIATION:

Provide the following information for your affiliated emergency agency.

Agency/District _____

Chief: _____ Phone(____) _____

Mailing Address: _____

Signature of Chief or Supervisor _____

You must attach:

- Photocopy/current Washington State Drivers License or other photo ID
- Photocopy/High school diploma or GED certification.
- Photocopy of current CPR card (MUST BE AHA HEALTHCARE PROVIDER CPR OR American Red Cross "CPR for the Professional Rescuer, or indicate intention to take with class.
- Proof of initial infectious disease training, or indicate intention to take with class.
- Photocopy of current health insurance or proof that your agency has health insurance for you.
- Results of Basic urine drug test
- Evident of current Tuberculin PPD test within last 12 months
- Completed criminal disclosure questionnaire and notification of criminal background inquiry.

CRIMINAL DISCLOSURE QUESTIONNAIRE & NOTIFICATION OF CRIMINAL BACKGROUND INQUIRY

Effective July 23, 1989, Washington State law requires each person who will have direct, regularly scheduled, and unsupervised access to a nursing home resident, any dependent adult, or minor in any health care facility to complete a criminal disclosure sheet. A criminal history check with the Washington State Patrol will be made as a condition of admission to Bellingham Technical College's health occupations programs that include a clinical component.

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach an explanation.

YES _____ **NO** _____

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice has reduced or eliminated the imitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.

YES _____ **NO** _____

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or Frotteurism?

YES _____ **NO** _____

4. Are you currently engaged in the illegal use of controlled substances?

YES _____ **NO** _____

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The Department of Health does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another state or jurisdiction?

YES _____ **NO** _____

a. Have you ever been convicted of any crime against children or other persons?

A “crime against children or other persons” means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

YES _____ **NO** _____

b. Have you ever been convicted of a crime relating to financial exploitation where the victim was a vulnerable adult?

A “vulnerable adult” is an adult of any age who is functionally, mentally, or physically unable to care for him or her self. “Financial exploitation” means the illegal or improper use of a vulnerable adult or that adult’s resources for another person’s profit or advantage.

YES _____ **NO** _____

6. Have you ever been found in any civil, administrative or criminal proceeding to have?

a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?

YES _____ **NO** _____

b. Diverted controlled substances or legend drugs?

YES _____ **NO** _____

c. Violated any drug law?

YES _____ **NO** _____

d. Prescribed controlled substances for yourself?

YES _____ **NO** _____

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements?

YES _____ **NO** _____

8. Have you ever had any license, certificate, license or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?

YES _____ **NO** _____

9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?

YES _____ **NO** _____

10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?

YES _____ **NO** _____

Under penalty of perjury, I affirm that I have read all of the above questions on this disclosure sheet and, to the best of my knowledge, I have truthfully, correctly, and completely answered the same.

PLEASE LEGIBLY PRINT YOUR NAME AND SOCIAL SECURITY NUMBER:

_____, _____, _____, _____
Last First M.I. Social Security Number

_____/_____/_____
Date of Birth

Past Names (Maiden) or aliases:

SIGN AND DATE BELOW:

Signature

Date