

**\*Please Post\***

## ANNOUNCEMENT

2025

### EMERGENCY MEDICAL TECHNICIAN & SUPRAGLOTTIC AIRWAY TRAINING COURSE

- Dates:** HSI BLS Provider CPR Blended (enhanced & skills) January 7<sup>th</sup> (1800-2130)  
**EMT Course Start Date: Tuesday, January 14<sup>TH</sup>**  
**EMT Course End Date: Tuesday, May 20<sup>th</sup>**  
➤ See schedule attached (draft)
- Times:** 6:00 pm to 9:00 pm (Tuesdays & Thursdays)  
9:00 am to 4:00 pm on Saturdays (7-see schedule)
- Location:** Kittitas Valley Fire & Rescue, 400 E. Mt. View, Ellensburg (tentative)
- Senior Instructor:** Rich Elliott, EMT, SEI
- Fee Schedule:** \$900 EMT-Kittitas County Affiliation (**NREMT exam fee not included**)  
\$1,100 EMT-Out of County/Affiliation (**NREMT exam fee not included**)
- Class & Clinical:** • EMT~160 hours of Lecture, Knowledge and Practical Skill Labs/Evaluations  
+Clinical hours & patient contacts per course requirements (ED and Ambulance)  
+Post Course Exam: **NREMT Exam – EMT = \$104 (DOH test voucher may be available for eligible students/agency. Info provided at class.)**

#### **Applicant Prerequisites for Entering EMT Initial Training Course:**

- 1. All applicants must be affiliated with a state recognized licensed EMS/ESSO agency.**
- National Incident Management System (NIMS) ICS 700.b, 100.c, & 200.c courses. Online courses are available at no cost. Go to <http://training.fema.gov/IS/NIMS.asp> or you can find this link and course application at <http://www.kittitascountyems.org/training.htm>. Proof of training required for acceptance into course. Applications may be submitted without certificates pending completion.
- BLS CPR Provider Course. **LISTED COURSE IS REQUIRED!** Offered prior to course, see schedule and is required for all students. Included in course fee.
- Must be at least 18 years of age.
- EMT course applicants must have a high school diploma or GED (for state certification, not for course application).
- Must have the physical strength and good health to perform the normal functions of an EMT.
- Must pass required background checks for hospital clinical/field requirements (included in course cost)
- Negative UA/10-point panel drug screening (included in course cost and made available after start of class).
- Must have proof of required vaccinations at start of class or declination – See back of Training Application
- Must have proof of health & liability insurance/coverage **through agency** or **provided by student**. (<http://www.hpsso.com/> - example). **Check with agency before purchasing.**

**Priority given to complete applications and local EMS affiliation.**

**Priority Application Deadline is November 30, 2024 to determine course viability.**

**Applications will be accepted until 12/23/24 or until class is full.**

**Sooner = Better! Please call if questions.**

**Copy application as needed. NO REFUNDS AFTER 1/7/25 or receipt of books.**

**Submission of application does not guarantee a spot in the class.**

**Questions?** Please contact the Kittitas County EMS Division office at 509-674-2932 or 509-929-3247.



**Kittitas County EMS Division**  
 PO Box 821  
 Cle Elum, WA 98922  
 O: (509) 674-2932 C: (509) 929-3247  
[kcems@co.kittitas.wa.us](mailto:kcems@co.kittitas.wa.us)

**APPLICATION FOR TRAINING**  
**Materials available online:**  
<https://www.kittitascountvems.org/training.html>

**ALL APPLICANTS MUST BE AFFILIATED WITH A LICENSED EMS or ESSO AGENCY!**

**Personal Data** (please print clearly)

**COURSE:**  EMT  EMR  IV Therapy

Name (last, first, middle): \_\_\_\_\_ Date: \_\_\_\_\_

Birth date (must be 18 y/o) \_\_\_\_\_ Cell/Message Phone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Prerequisites**

Are there any physical limitations that would impede your ability to work as an EMT?  yes  no

yes  no -HS Diploma or GED  NIMS 700, 100, 200  Required Vaccinations  Picture Identification  
 (No copy required) Attach Copy for EMR/EMT (Attach Copy) (Attach Copy)

**See back of application for more detailed information.**

**EMS Agency Data**

**EMS Agency Affiliation:** \_\_\_\_\_ **# of years/mo. with Agency:** \_\_\_\_\_ No Affiliation:

Fire Chief or Supervisor: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

Who will provide professional liability, health and accident insurance while you are a student?

EMS Agency  I will provide own insurance (attach copy)

**Agency Affiliation Verification & Acknowledgement of Student Reimbursement Agreement**

*I, the undersigned, hereby approve attendance to this training course by the individual named on this application. As an employee or member of our organization, this individual will have total professional liability, health, and accident insurance, while involved in any training activities and/or clinical experiences. I acknowledge that if payment for this training is made by the applicant, a written reimbursement process is in place with this agency upon successful course completion, NREMT testing, WA State Certification, and/or fulfillment of requirements preestablished by this agency.*

\_\_\_\_\_  
**Fire Chief or Supervisor Signature**

\_\_\_\_\_  
**Date**

Who will pay for the course fee at start of class (check all that apply):

EMS Agency  Student  Partial Fee Comments: \_\_\_\_\_

*I, the undersigned, do hereby certify that all the information contained in this application is true and correct to the best of my knowledge. I understand that if not provided by agency, I am responsible for my own professional liability, health, and accident insurance during the initial training course. I have read and understand the requirements that are mandatory for my enrollment in this course. While a student and if I am certified to practice in Kittitas County, I agree to abide by Washington State and Kittitas County rules, regulations, protocols, procedures, and policies pertaining to emergency medical services, as well as any medical directives of the Medical Program Director.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

(Office use only)

Date app. received: \_\_\_\_\_ Course fee: \$ \_\_\_\_\_ Date paid / Check #: \_\_\_\_\_  Cash

**SEE REVERSE SIDE OF THIS FORM**

## QUALIFICATIONS FOR ENTERING EMERGENCY MEDICAL TECHNICIAN or EMERGENCY MEDICAL RESPONDER TRAINING

Individuals applying for admission to a Washington State EMS training course in Kittitas County must meet ALL the following requirements, or they will not be eligible to enroll in the course:

1. You must be 18 years of age at the beginning of the course.
2. You must have a high school diploma or GED (**EMT only** for certification, not to apply for training. Not required for **EMR** certification.). Copy not required for application.
3. You must have the physical strength to perform the normal functions of an EMS Provider.
4. You must complete the National Incident Management System (NIMS) IS 700b, 100c, and 200c courses, prior to start of course for EMR and EMT.
5. You must attend the BLS CPR Course offered with this Course, if applicable.
6. You must be an active member of one of the following (a. or b.) emergency response services in the State of Washington to attend this course and be eligible for WA State certification following successful course completion and NREMT certification:
  - a. Licensed provider of ambulance, aid service, or EMS Supervisory Organization (ESSO)
  - b. Law enforcement agency or affiliated Search & Rescue group (ESSO)
  - c. Other organizations that may recognize NREMT certification may contact us to inquire about course eligibility (will NOT be eligible for WA State Certification).

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### ADDITIONAL LOCAL REQUIREMENTS FOR ALL LEVELS OF TRAINING

#### **Recommended Immunizations: REQUIRED AT START OF COURSE (some flexibility)!**

- COVID Vaccination or declination
- Influenza Vaccination (between October 1 and March 31 yearly) or declination
- Td or Tdap booster (within 10 years) pr declination
- MMR Vaccination: 2 shot series at least one month apart, positive antibody titer or declination.
- Varicella Vaccination: 2 shot series at least one month apart, positive antibody titer or declination.
- Hep B Vaccination series, positive antibody titer, or declination.

#### **Required Screening/Testing** (Coordinated by KCEMS Office, except TB testing):

- 2 negative PPD/TB skin tests **OR** negative blood titer within twelve months at start of clinicals
- Background check with written approval (included in course cost)
- Negative UA/10-point panel drug screening (included in course cost)
- N95 Mask fit test within twelve months at start of clinicals. If not provided by agency contact EMS Office (documentation required)

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#### **Include the following attachments with this application or per arrangement:**

- Proof of IS 700b, 100c, 200c for EMR/EMT only.
- Proof of required vaccinations and/or titers, and TB tests (See above. **Application may be submitted pending receipt of documentation.**) Declination forms will be provided after the start of class.
- Copy of driver's license or other legal photo identification.
- Signed Release and Hold Harmless Agreement (pg. 3 of application)
- Copy of professional liability, health and accident insurance **if not provided by EMS agency**. Contact Kittitas County EMS Division for information on obtaining training liability insurance. Application may be submitted pending approval to initial training course before obtaining this insurance.

#### **Note:**

- **ALL APPLICANTS MUST BE AFFILIATED WITH A LICENSED EMS OR ESSO AGENCY.**
- Completion of application does not guarantee admission to any course. You will be notified of course admission via email. Email and text via cell phone is preferred method of communication.
- **It is the student's responsibility to notify, Kittitas County EMS Division, of any documented or suspected learning disabilities or challenges prior to the course.**

**KITTITAS COUNTY EMS DIVISION  
RELEASE AND HOLD HARMLESS AGREEMENT**

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There are risks and dangers inherent when participating in emergency care training classes. These risks include, but are not limited to, injuries during skills practices; back injuries from moving a simulated victim; acquiring communicable diseases; or performing skills on fellow students.

Kittitas County EMS Division / Kittitas County EMS & Trauma Care Council ("KCEMS") cannot guarantee the safety of participants, but authorized and affiliated instructors are trained to take reasonable precautions to minimize risks and safeguard participants' health and safety during training, including:

- Providing each class participant with sanitary personal protective equipment, including, but not limited to, breathing barriers (face shields/masks), eye protection and gloves; and
- Providing sanitary training manikins to practice skills such as chest compressions and rescue breathing.

In addition, instructors and participants should avoid awkward or extreme body positions to avoid back or other injuries from improper lifting and moving. Instructors and participants should not practice moving simulated victims if they have a history of back problems because such practice may aggravate previous back injuries.

Knowing this, I assume the risks inherent in this class and:


- I hereby voluntarily release and hold KCEMS governing board, staff, and each of their instructors, and volunteers, harmless from any and all liability or costs from injury associated with or arising from my participation in this class, including from negligence.
- I understand and agree that this Release applies to personal injury, including death, and property damage which I may suffer.
- I understand and agree that this Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children, and any guardian appointed by the court for said children.
- I have read this Release and I understand it.

Participant Signature: \_\_\_\_\_ Dated \_\_\_\_\_

Print Participant Name:  
\_\_\_\_\_

**Kittitas County EMS Division  
Emergency Medical Technician  
2025 Class Schedule at KVFR (tentative) - DRAFT**

<b>Date &amp; Time</b>	<b>LESSON</b>	<b>EMT Assigned Reading</b>	<b>NOTES Instructor(s)</b>
<b>Online ONLY</b> <b>Complete by 1/7 – 5 PM</b>	<b>ASHI BLS Provider CPR Online Course (Course Prerequisite)</b> <b>To be assigned upon acceptance to class.</b> <b>Email from Health &amp; Safety (check junk mail)</b>	Deadline for Online course completion 1/7	<b>Blended ONLINE ONLY</b>
<b>1/7</b> <b>Tuesday</b> <b>6-9:30 PM</b>	<b>BLS Provider CPR Course &amp; Exam - Day 2</b> <b>HPCPR Videos-Kudenchuk (Course Prerequisite)</b> <b>Background and drug screening information.</b>	Handouts  paperwork	<b>SEI+</b> Coordinator
<b>First Day</b>   1/14 Tuesday 6-9 PM	Rules & Requirements & KVH Clinical Application  EM Care Systems, Research, and Public Health  +KVH Orientation PPT & quiz (SS take-home)  <i>Demo Navigate &amp; assist w/registering as needed.</i> <b>Optional</b> – Bring device to register & access online resources.	Handouts/PW  Chapter 1  email KVH PPT	<b>Coordinator</b>  <b>SEI</b>  Self-Study Take home Quiz Review
1/16 Thursday 6-9 PM	Workforce Safety and Wellness of the EMT Medical, Legal, and Ethical Issues POLST / DNR (form WA) – Death & Dying HIPAA	Chapter 2 Chapter 3 Handout Handout	<b>SEI</b>
1/21 Tuesday 6-9 PM	The Human Body	Chapter 6	
1/23 Thursday 6-9 PM	Medical Terminology Life Span Development	Chapter 5 Chapter 7	
1/28 Tuesday 6-9 PM <b>KITTCOM</b>	KITTCOM Presentation Communications & Documentation Documentation (practice) <b>700 Elmview Road Ellensburg</b> <b>KVH-ED TOUR BEFORE CLASS IF POSSIBLE!!</b>	Chapter 4 HIPAA?	
1/30 Thursday 6-9 PM	Patient Assessment Sick / Not Sick Introduction Practice Vitals (tracking form) <b>N95 Fit Test? – Need to be determined.</b>	Chapter 10 Handout Hands on	<b>SEI</b>
2/4 Tuesday 6-9 PM	Airway Management (Supraglottic on 2/27) Demo and practice equipment (as time allows)	Chapter 11	<b>SEI+</b>
2/6 Thursday <b>6:00-9:30 PM</b>	Infectious Disease Prevention for EMS Providers <a href="https://www.doh.wa.gov/Portals/1/Documents/Pubs/530094.pdf">https://www.doh.wa.gov/Portals/1/Documents/Pubs/530094.pdf</a> MEGG Videos/practice donning/doffing & test High Risk Situations & PPE	DOH Curriculum Online & Handouts	
2/11 Tuesday 6-9 PM	Principles of Pharmacology & Epi Kit Shock Vitals time/practice	Chapter 12 Chapter 13	
2/13 Thursday 6-9 PM	Medical Overview Respiratory Emergencies & video scenario <b>Group Scenarios</b> <b>Review Clinical/Field Guidelines &amp; Forms</b> <b>Take Home Test #1 - DUE 2/22</b>	Chapter 15 Chapter 16 Handout	

<b>Date &amp; Time</b>	<b>LESSON</b>	<b>EMT Assigned Reading</b>	<b>NOTES Instructor(s)</b>
2/18 Tuesday 6-9 PM	Trauma Overview WA Trauma Triage Destination Procedure WA DOH EMS & Trauma System Map	Chapter 25 DOH PPT/link	<a href="#">EMS &amp; Trauma (wa.gov)</a>
2/20 Thursday 6-9 PM	Head & Spine Injuries Practice Immobilization – demo equipment (if time) <b>Group Scenarios</b>	Chapter 29	
<b>2/22</b> <b>Saturday</b> <b>9-4 PM</b>	Patient Assessment ( <b>SICK/NOT SICK Video</b> ) Skill Labs – CPRx2, Vitals, Pt. Assess, Airway 1-PCR Lecture - Lifting & Moving Patients <b>Take Home Test #1 DUE – Review</b>	Video skills 1-PCR Chapter 8 Test Review	<b>SEI+</b>
2/25 Tuesday 6-9 PM	Cardiovascular Emergencies (Review Pharm.) WA CA Guidelines Introduction / State Map <b>WACARES &amp; PULSE POINT INFO.</b> <b>Group Scenario</b> <b>Take Home Test #2 – DUE 3/8</b>	Chapter 17 Handout Video scenario	<b>SEI+</b>
2/27 Thursday 6-9 PM	Supraglottic Airway – DOH Skill lab (Igel, suction & CPAP)	DOH Curriculum	PM
3/4 Tuesday 6-9 PM	Orthopedic Injuries Demo Splints, Immobilization Review Group Scenarios & Take-Home #2 Test-Due 3/9	Chapter 32	
3/6 Thursday 6-9 PM	Skills Labs & Practical Evaluations (if ready)	<b>Catch-up On Reading!!</b>	<b>SEI+</b>
<b>3/8</b> <b>Saturday</b> <b>9-4 PM</b>	Skill Labs – Assessment, Airway, SMR and Ambulance (Lifting & Moving), 1-PCR documented <b>Lecture - Transport Operations</b> <b>Take Home Test #2 DUE – Review</b>	Skill sheets  1-PCR Chapter 38 Test Review	<b>SEI+</b>
	<b>SPRING BREAK</b> <b>NO CLASS 3/10-3/15</b>	<b>Catch-up On Reading!</b>	
3/18 Tuesday 6-9 PM	Neurologic Emergencies / Scenario WA Stroke Guidelines / State Map Gastrointestinal & Urologic Emergencies	Chapter 18 Handout Chapter 19	
3/20 Thursday 6-9 PM	Endocrine & Hematologic Emergencies Glucometer demo / Scenarios Allergy & Anaphylaxis	Chapter 20 Video scenario Chapter 21	
<b>3/22</b> <b>Saturday</b> <b>9-4 PM</b>	<b>MID TERM TEST (Chapters thru 3/20)</b> Skill Labs – Assessment, SMR, Splinting, and EMT Pharmacology (Epi Kits)	Test Skill Sheets 1-PCR	<b>SEI+</b>
3/25 Tuesday 6-9 PM	Toxicology Emergencies (Poison & Sub. Abuse) WA Poison Control Center <b>Take Home Test #3 - DUE 4/5</b>	Chapter 22 Handout	
3/27 Thursday 6-9 PM	Behavioral Health Emergencies & case studies Excited Delirium (video)	Chapter 23 video	
4/1 Tuesday 6-9 PM	Bleeding + supplement materials & case studies	Chapter 26	
4/3 Thursday 6-9 PM	Soft Tissue Injuries & case studies Taser Weapon / Dart Removal (video)	Chapter 27	

<b>Date &amp; Time</b>	<b>LESSON</b>	<b>EMT Assigned Reading</b>	<b>NOTES Instructor(s)</b>
<b>4/5 Saturday 9-4 PM</b>	Skill Labs – Assessment, Immobilize, splinting, Pharmacology, and BGC, 1-PCR <b>Take Home Test #3 Due – Review</b> <b>Take Home Test #4 - Due 4/26</b>	Skill sheets 1-PCR Test Review	<b>SEI+</b>
4/8 Tuesday 6-9 PM	Gynecological Emergencies Abdominal and Genitourinary Injuries <i>Group Scenarios</i>	Chapter 24 Chapter 31	
4/10 Thursday 6-9 PM	Face, and Neck Injuries Chest Injuries <i>Group Scenarios</i>	Chapter 28 Chapter 30	
4/15 Tuesday 6-9 PM	Environmental Emergencies Poison Control Info (Spider, Snakes, plants) <i>Group Scenarios</i>	Chapter 33	
4/17 Thursday 6-9 PM	Obstetrics & Neonate (videos) (Childbirth) <i>Group Scenarios</i>	Chapter 34	<b>Suzy?</b>
4/22 Tuesday 6-9 PM	Pediatric Emergencies EMS Online Pediatric SICK/NOT SICK (video) Pediatric Immobilization / Car seat Immobilization	Chapter 35 Peds Triangle HO	
4/24 Thursday 6-9 PM	Geriatrics Emergencies Patients with Special Challenges w/ Handout	Chapter 36 Chapter 37	
<b>4/26 Saturday 9-4 PM</b>	Skill Labs – Assessment (2), 1 PCR, SMR, splinting, and bleeding/shock <b>Take Home Test #4 DUE – Review</b> <b>Review NREMT Test Voucher Process</b>	Skill Sheets 1-PCR Test	<b>SEI+</b>
4/29 Tuesday 6-9 PM	Incident Management Kittitas County MCI Plan/MCI Cards/Start Triage Hazardous Materials Emergencies (Phone App.)	Chapter 40 KCEMS PPT	<b>IC</b>
5/1 Thursday 6-9 PM	Vehicle Extrication & Special Rescue Terrorism & Disaster Management	Chapter 39 Chapter 41	
<b>5/3 Saturday 9-2 PM</b>	Skill Labs (patients) – Total Patient Care scenarios and catch up on individual skill needs. 1 PCR as needed. <i>NREMT testing &amp; Voucher information</i>		<b>SEI</b>
5/6 Tuesday 6-9 PM	DOH Disability Awareness – Travis Alert Act DOH Multi-Cultural Health Awareness/Health Equity Education for EMS Professionals	DOH Curriculum DOH Curriculum	Add DOH Links
5/8 Thursday 6-9 PM	Final Skill assessment & practice as needed		
5/13 Tuesday 6-9 PM	<b>State Application &amp; Cert. Maintenance Info.</b> <b>Student Instructions - Course Practical Final</b> Final Skill assessment & practice as needed	<b>Final course paperwork DUE! (Clinical, PCRs, vitals, makeup, skill sheets)</b>	
5/15 Thursday 6-9:30 PM	<b>Mental Health – PTSD?</b> <b>ALS Assist Skills</b> – May be moved to after course if time needed for course completion.		<b>PM</b>
<b>5/17 Saturday 9-2 PM</b>	<b>Final Practical Skill Examination</b> (Pending SEI Recommendation!)		SEI ESE & Pts. Coordinator
5/20 Tuesday 6-9 PM	<b>EMT Course Completion Written Exam</b> <b>(2 hrs. to complete test)</b>		<b>Coordinator</b> <b>SEI</b>