



Kittitas County EMS Division

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APPLICATION FOR TRAINING

Materials available online:

<https://www.kittitascountyems.org/training.html>

Personal Data (please write clearly)

COURSE: EMT EMR IV Therapy

Name (last, first, middle): _____ Date: _____

Birth date (must be 18 y/o) _____ Home Phone () _____ Cell/Message Phone () _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Prerequisites

yes no HS Diploma or GED NIMS 700 & 100 Required Vaccinations Picture Identification
(Attach Copy) (Attach Copy) (Attach Copy for Certification)

See back of application for more detailed information.

EMS Agency Data

EMS Agency Affiliation: _____ No EMS Agency Affiliation: # of years/mo. with Agency: _____

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. Other: _____

Agency Affiliation Verification

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.

Fire Chief or Supervisor Signature

Date

I, the undersigned, do hereby certify that all the information contained on 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, the medical directives of the Medical Program Director.

Applicant Signature

Date

Method of Payment

Bill to EMS organization Payable by applicant **Comments:** _____

(Office use only)

Date received: _____ Comments: _____

Tuition: \$ _____ All required documents enclosed **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 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 have completed the National Incident Management System (NIMS) ICS 700a & 100b level courses. ICS 200b also recommended.
5. You must attend the AHA Healthcare Provider Course offered with the EMT/EMR Course.
6. You must be an active member of one of the following emergency medical service entities in the State of Washington to become WA State certified following course completion:
 - a. Licensed provider of ambulance or aid service
 - b. Law enforcement agency or affiliated Search & Rescue group
 - c. Other affiliated EMS/trauma care service recognized by WA State DOH; or
7. If you need training to qualify for employment or to volunteer in the State of Washington in any of the positions in 6a through 6c, you are eligible to apply. You will not be eligible for WA State certification as an EMT/EMR or IV, until affiliated with a licensed agency.

ADDITIONAL LOCAL REQUIREMENTS FOR ALL LEVELS OF TRAINING

Required Immunizations & PPD/TB Test:

- Influenza (between October 1 and March 31 yearly)
- Td or Tdap booster (within 10 years)
- MMR: 2 shot series at least one month apart or positive antibody titer
- Varicella: 2 shot series at least one month apart or positive antibody titer
- Documentation of Hep B Series (with post vaccination antibody titer) OR written declination of vaccine OR Hepatitis antibody titer (post vaccination status may be done 1-2 months after the last dose of vaccine).
- 2 negative PPD/TB Test within twelve months of the first day of the hospital program or if TB test is positive, documentation of chest x-ray, treatment, and release to work in a healthcare setting.

Required Screening:

- Background check (included in course cost and conducted by KCEMS Office).
- Negative UA/12-point panel drug screening (included in course cost and coordinated by KCEMS Office).

Include the following attachments with this application or per arrangement:

- Proof of ICS 700a & 100b (if not provided for previous EMT Training)
- Proof of required vaccinations and/or titers (See above. Not required for initial course application).
- Copy of driver's license or other photo identification.
- Copy of professional liability, health and accident insurance **if providing own insurance**. Contact Kittitas County EMS Division for information on obtaining training liability insurance. (Not required for initial course application.)

Note:

- Priority admission is given to individuals associated with Kittitas County licensed or affiliated EMS agencies with complete applications.
- Completion of application does not guarantee admission to any course. You will be notified of course admission via phone or email. Email is preferred method of communication.
- Upon acceptance to course, payment is due to hold spot and receive books unless billed to agency.
- **It is the student's responsibility to notify, Kittitas County EMS Division, of any documented or suspected learning disabilities or challenges.**