Washington State Department of Health

Emergency Medical Services Training Course Application Packet

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In order to process your request:

Mail your application and other documents to:

Department of Health
EMS Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact Customer Service:

360-236-4700

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Washington State Department of Health

Approval Requirements and Application Instructions

This application should only be completed if you have already been approved by the Department of Health as a training program. You will be notified by email or mail of any outstanding documentation needed to complete the process.

Course Document Instructions:

- ☐ Submit the completed training course application to the Department at least three weeks prior to the starting date of the training course.
- ☐ Attach a copy of the template certificate of completion that you will provide to your students. See the Department website for a sample document.
  Note: If the course includes endorsement that must be listed on the certificate of completion.
- ☐ Attach a copy of your course agenda or schedule that you provide to your students. See the Department website for a **sample document**.

Application Instructions:

- ☐ **1. Training Program Information:**
  You must be a Department approved training program to conduct an EMS training course.
- ☐ **2. Course Information:**
  Enter the full physical address of where the course will be conducted.

  Enter the start date and end date of the course.

  List the names and address of the clinical and field internship sites that will be used for the course.
- ☐ **3. Course Type:**
  Select the type of course you are applying for. Each type or endorsement that you select must have a separate certificate of completion.
  Note: Combination courses can have one certificate of completion.

  Select the primary delivery method of the course.
- ☐ **4. Course Instructor Information:**
  List the name of the SEI/Lead Instructor.

  List the name of the SEI candidate if applicable. Attached additional pages if more than one SEI candidate.

  List the name of the County MPD.

  List the name of the MPD delegated training physician if applicable.
- ☐ **5. Course approval recommendation and signatures:**
  The training program director, the local EMS council chair/regional council chair, the county medical program director and the SEI must sign this application.

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Washington State Department of Health
Emergency Medical Services
Training Program
PO Box 47877
Olympia, WA 98504-7877

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Emergency Medical Services Training Course Application

1. Training Program Information

Training Program Name (A Training Course must be affiliated with an approved training program).			
Training Program Credential Number (Ex: TRNG.ES.XXXXXXXX-PRO) TRNG.ES.			
Physical Address			
City	State	Zip Code	County
Email Address	Phone (enter 10 digit #)		

2. Course Information

Course Location			
Physical Address			
City	State	Zip Code	County
Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)		

Name of clinical/field site (attach additional sheets if necessary).	Address of clinical/field site

3. Course Model

Select all that apply:

EMS Course Type:

- ☐ Emergency Medical Responder
- ☐ Emergency Medical Technician
- ☐ Intravenous Therapy Endorsement
  - ☐ Supraglottic Airway Endorsement
  - ☐ Advanced EMT
- ☐ Paramedic
- ☐ Combination Course

List combination course types: _____

_____

Instructor Course Type:

- ☐ ESE Initial
- ☐ ESE Renewal
- ☐ SEI Workshop

Course Delivery Method (Select one)

- ☐ Classroom / Face to face
- ☐ Distributive Learning

ESE's and Guest Instructor List

List all ESE's and guest instructors.

	Name	Credential #	Skill Level
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
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14.			
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16.			
17.			
18.			
19.			
20.			
21			
22			
23.			
24.			
25.			

4. Course Instructor Information

Senior EMS Instructor

Name	Email
Credential Number	Phone (enter 10 digit #)

Lead Instructor

Name	Email
Credential Number	Phone (enter 10 digit #)

SEI Candidate (if applicable) – If more than one, attach additional pages.

Name	Email
Credential Number	Phone (enter 10 digit #)

County MPD

Name	Email
Credential Number	Phone (enter 10 digit #)

MPD-delegated Training Physician

Name	Email
Credential Number	Phone (enter 10 digit #)

5. Course Approval Recommendation

Training Program Director

Name	Email
Signature	Date (mm/dd/yyyy)

Local EMS Council Chair - In the absence of a local EMS council, the regional EMS and trauma care council may provide such review. Submit all documentation and attachments with the application.

Name	Email
Signature	Date (mm/dd/yyyy)

County Medical Program Director

Name	Email
Signature	Date (mm/dd/yyyy)

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RCW/WAC and Online Website Links

RCW/WAC Links

Emergency Medical Services and Trauma System Laws, RCW 18.71

Emergency Medical Services and Trauma System Laws, RCW 18.73

Emergency Medical Services and Trauma System Rules, WAC 246-976

Online

Emergency Medical Services and Trauma System Web Page