



Kittitas County EMS Division

PO Box 821
Cle Elum, WA 98922
P: (509) 674-2932
F: (509) 674-2947
kcems@qwestoffice.net

APPLICATION FOR TRAINING

Materials available online:
<http://www.kittitascountyems.org>

Personal Data

COURSE: EMT FIRST RESPONDER

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

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

Mailing Address: _____

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

Prerequisites

- HS Diploma or GED For Certification
- Current CPR Card (Attach Copy)
- Attend CPR Course (provided w/initial training)
- NIMS 700 & 100 (Attach Copy)
- Required Vaccinations

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 of 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, procedures, and policies pertaining to emergency medical services, as well as the 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 EMT training course in Kittitas County must meet ALL of 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 EMT course.
 2. You must have a high school diploma or GED (**EMT only** for certification, not to apply for training).
 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) IS 700a & 100a level courses.
 5. You must have completed an approved CPR (AHA HCP or ARC PR) card within 1 year.
 6. You must be an active member of one of the following emergency medical service entities in the State of Washington:
 - a. Licensed provider of ambulance or aid service
 - b. Law enforcement agency or affiliated Search & Rescue group
 - c. Other affiliated EMS/trauma care service; or
 7. If you need training to qualify for employment in the State of Washington in any of the positions in 6a through 6c, you will be eligible to enroll in the class. You will not be eligible for state certification as an EMT, until you become a functioning member of one of these identified agencies in the State of Washington.
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ADDITIONAL LOCAL REQUIREMENTS

1. Documentation must be provided to EMS Coordinator upon initial training application for the following:
 - 2 MMR shots or positive antibody titer for measles, mumps and rubella
 - 2 varicella shots, stated history of chicken pox, or a positive antibody titer
 - Start hepatitis B series (at least by start of class)
 - TB skin testStrongly Recommended:
 - Influenza (hospital-mask or shot policy)
 - Tdap
 2. Background check will be conducted by EMS Office per clinical training requirements.
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Include the following attachments with this application:

1. Copy of current CPR card (to be considered for meeting prerequisite w/o attending class offered).
2. Proof of required vaccinations or titers (or intentions to acquire vaccinations).
3. Copy of driver's license or other photo identification.
4. Copy of professional liability, health and accident insurance **if providing own insurance**. Contact Kittitas County EMS Division for information on obtaining training liability insurance.

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 by phone, mail, or email. Email is preferred method of communication.
- Upon acceptance to course, payment is due to hold spot unless billed to agency.
- All of the required attachments must be included with this application to be considered for enrollment.