Application for Initial NREMT Testing Voucher Program

To be completed by EMS Service or course SEI

Request and Application Contact Information		
Level of initial EMS test voucher(s) requested (EMR, EMT, AEMT):		
Number of voucher(s) requested:		
Requestors Information:	Name: Title:	Phone Number: Email:
Name of individual(s) using voucher(s):		

Course Information	
Course credential number: (Example: TRNG.ES.XXXXXX-Course)	
Course number: (Example: I17-XX-XXX)	
Estimated course completion date:	

Course SEI	Name:	Phone/Email:

General Questions		
Who paid for course fee? ☐ EMS Service ☐ Individual ☐ Other: _____		Who is responsible for the exam fee? ☐ EMS Service ☐ Individual ☐ Other: _____
If fees are paid by the individual	Is reimbursement available to the individual for course fees? ☐ Yes ☐ No	Is reimbursement available to the individual for exam fees? ☐ Yes ☐ No
How many volunteers or volunteer candidates does your EMS service currently have enrolled in the above course?		

EMS Service Affiliation Information		
EMS Service Name:		Phone Number:
Legacy # or FDID:		Email:
Based on the last EMS Service Licensure Application:	What is your EMS service staffing model?	☐ Paid ☐ Volunteer ☐ Combination
	Is the EMS service using non-medically trained drivers?	☐ Yes ☐ No
	Is the EMS service using Advanced First Aid (AFA) personnel?	☐ Yes ☐ No

Attestation of Information
☐ I hereby affirm and declare that the information provided on this application is true and correct.

Please return to Washington State DOH Emergency Care System three weeks before the end of your course.

Washington State Department of Health, Emergency Care System,
P.O. Box 47853, Olympia, WA 98504
Email: hsqa.ems@doh.wa.gov
With Questions Contact: Dawn Felt 360-236-2842 or Jill Hayes 360-236-2838