Emergency Medical Services Training Course Application Packet

Contents:

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

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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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 of any outstanding documentation needed to complete the process.

Course Document Instructions:

- ☐ Submit the completed training course application to the Department at least 30 days 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 that meets the criteria in EMS Training Program and Instructor Manual (DOH 530-126). See the Department website for a sample document.
  Note: If the course includes an endorsement that must be listed on the certificate of completion.

  Note: If the course is a standalone supraglottic airway (SGA) or Intravenous Therapy (IV) course and the student holds a WA EMS provider then the provider number also needs to be on the COC.
- ☐ Attach a copy of your course agenda or schedule that you provide to your students that meets the criteria in EMS Training Program and Instructor Manual (DOH 530-126). 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. Select if the Course will be AM only, PM only or full day.

  List the location where the psychomotor practical skills examination and minimum student competency verifications will be conducted and how these assessments will be conducted. MPD will need to sign for each county where the course is held.

  List the names and address of the clinical and field internship sites that will be used for the course.
- ☐ **3. Course Type:**
  - For the type of course you are applying for, select one course type and one course level.
  - Select the primary delivery method of the course.
    Note: Distributive learning is when an instructor and student don't interact in real time.

☐ **4. Course Delivery Model:**

- Select the primary delivery method of the course.

☐ **5. ESE and Guest Instructor List**

- List all instructional personnel participating in course delivery; ESE's and guest instructors. Use additional pages if needed.

☐ **6. Course Instructor Information:**

- List the name of the SEI. SEI is required for all EMR, EMT, and AEMT courses.
- Lead Instructor. Lead instructors can teach courses that don't require an SEI.
- For EMR, EMT, and AEMT courses the SEI and Lead Instructor are the same person
- List the name of the SEI candidate if applicable.
- List the name of the County MPD.
- List the name of the MPD delegated training physician, if applicable.

☐ **7. Course approval recommendation and signatures:**
The training program director and the county medical program director must sign this application. If the course is held in more than one county all county medical directors will need to sign the application.

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

Physical Address			
City	State	Zip Code	County
Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	☐ AM Only ☐ Full Day ☐ PM Only	
Where will psychomotor skills be done?	☐ At course location ☐ At alternative location		

If alternative, list location/address. Ensure MPD signature for each county on page 4 of the application.

Address	County/MPD Name
Address	County/MPD Name
Address	County/MPD Name
Address	County/MPD Name

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

Name of clinical/field site	Address of clinical/field site
Name of clinical/field site	Address of clinical/field site
Name of clinical/field site	Address of clinical/field site
Name of clinical/field site	Address of clinical/field site

3. Course Model Select one course type and one course level:

Course Type:

- ☐ Initial Course
- ☐ Refresher Course
- ☐ Both

Course Level:

- ☐ Emergency Medical Responder
- ☐ Emergency Medical Technician
- ☐ Emergency Medical Technician with SGA
- ☐ Supraglottic Airway Endorsement (standalone course)
- ☐ Intravenous Therapy Endorsement
- ☐ Advanced EMT
- ☐ Paramedic
- ☐ ESE
- ☐ SEI
- ☐ Combination Course

List combination course type: _____

4. Course Model Select one:

☐ Classroom / Face to face ☐ Distributive Learning (when instructor and student don't interact in real time)

☐ Hybrid (combination of classroom/face to face and distributive learning)

5. ESE's and Guest Instructor List

List all instructional personnel participating in course delivery; ESE's and guest instructors. Use additional pages if needed.

	Name	Credential #	Skill Level
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

6. Course Instructor Information

Senior EMS Instructor (Required for EMR, EMT, and AEMT Courses)

Name	Email
SEI Credential Number	Phone (enter 10 digit #)

Lead Instructor

Name	Email
Credential Number	Phone (enter 10 digit #)

SEI Candidate (if applicable)

Name	Email
SEIC Credential Number	Phone (enter 10 digit #)

SEI Candidate (if applicable)

Name	Email
SEIC 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 #)

7. Course Approval Recommendation

Training Program Director

- Have written approval from the department to conduct the course prior to the start of the course;
- Meet requirements for training programs identified in WAC 246-976-022;
- Ensure instructional personnel meet standards for required for courses listed in WAC 246-976-023;
- Submit the EMS Course Completion Verification form (DOH 530-008) within 30 days of the course completion;
- Verify students meet the requirements identified in WAC 246-976-041; and
- Ensure course curriculum meets current national EMS education standards for the level of training conducted including skills identified in the Washington State Approved Skills and Procedures List (DOH 530-173) required for all Washington state certified EMS providers, and if initial education include education on multicultural health awareness as required in RCW 43.70.615, portable orders for life sustaining treatment (POLST) as provided in RCW 43.70.480, and legal obligations and reporting for vulnerable populations as provided in RCW 74.34.035.

Name	Email
Signature	Date (mm/dd/yyyy)

County Medical Program Director A recommendation from the county medical program director(s) in the county(s) where the course will be held. the county medical program director must sign the course application.	
Primary County Medical Program Director (Primary required for all courses.)	
Name	Email
Signature	Date (mm/dd/yyyy)
County Medical Program Director (If additional MPD signatures are needed please submit separate page).	
Name	Email
Signature	Date (mm/dd/yyyy)
County Medical Program Director	
Name	Email
Signature	Date (mm/dd/yyyy)
County Medical Program Director	
Name	Email
Signature	Date (mm/dd/yyyy)
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County Medical Program Director	
Name	Email
Signature	Date (mm/dd/yyyy)

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