



Emergency Medical
Services
PO Box 47877
Olympia, WA 98504-7877

Emergency Medical Services Training Course MPD Signature and Recommendation Form - Courses in Multiple Counties

This signature page should be used to acquire MPD signature and recommendation(s) when an EMS Course will be conducted in multiple counties and is submitting the application online. You will be notified by email of any outstanding documentation needed to complete the process.

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.

3. Course Type:

For the type of course you are applying for, select one course type and one course level.

4. Course Approval Recommendation and Signatures:

The county medical program director must sign this application in all counties where the course is conducted. If the course is held in more than one county all county medical directors will need to sign the application. Use this form for additional MPD signatures.

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.

Emergency Medical Services Training Course MPD Signature Form for Courses Taught in Multiple Counties

Application for: Initial Application Renewal of Current Program Amendment of Current Program

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.XXXXXXXXXX-PRO)

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

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 Approval Recommendation

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.

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)