

EMS Course Completion Verification



Directions: Enter information in areas that are gray.

<p>Mark the appropriate boxes for both course type and level of course.</p> <p>Course Type:</p> <p><input type="checkbox"/> Initial Course</p> <p><input type="checkbox"/> Refresher Course</p> <p>For IV therapy and stand-alone SGA courses please also submit a copy of each course of completion certification (COC) with the EMT credential number listed on the COC to the Department of Health.</p>	<p>Course Level:</p> <p><input type="checkbox"/> Emergency Medical Responder</p> <p><input type="checkbox"/> EMT (Includes RN to EMT)</p> <p><input type="checkbox"/> EMT with Supraglottic Airway</p> <p><input type="checkbox"/> Intravenous Therapy</p> <p><input type="checkbox"/> Supraglottic Airway (standalone class)</p> <p><input type="checkbox"/> Advanced EMT</p> <p><input type="checkbox"/> Paramedic</p> <p><input type="checkbox"/> EMS Evaluator (ESE)</p> <p><input type="checkbox"/> SEI Workshop</p>	<p>Send completed document to:</p> <p style="text-align: center;">HSQA.EMS@DOH.WA.GOV</p> <p style="text-align: center;">Or</p> <p style="text-align: center;">EMS Education and Training P.O .Box 47853 Olympia, WA 98504-7853</p> <p style="text-align: center;">Phone: 360-236-2840</p>
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Training Program Name:

DOH Course Number:
(IYY-XX-XXX)

Course Approval Credential Number:
(TRNG.ES.XXXXXXXXXX-COURSE)

Course Completion Date:

Approval Signatures:

Training Program Director: _____

-OR- Senior EMS/*Lead Instructor: _____

	Last Name	First Name	M.I.	Notes	Course Incomplete or Drop	Course Completion Pass or Fail
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*Directions: Enter information in areas that are **gray**.*

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