



Senior Emergency Medical Services (EMS) Instructor Application Packet

Contents:

1. 530-195 Contents List/SSN Information/Mailing Information1 page
2. 530-196 Application Instructions Checklist1 page
3. 530-197 Senior EMS Instructor Requirements1 page
3. 530-198 Senior EMS Instructor Application3 pages
4. RCW/WAC and Online Website Links1 page

Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. [42 U.S.C. § 666\(a\)\(13\)](#); [RCW 26.23.150](#). It will be used under the state's child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you have questions.

In order to process your request:

**Send completed application
and other documents to:**

Department of Health
EMS Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

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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Application Instructions Checklist

Thank you for your application for Senior EMS Evaluator. All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms.

1. Demographic Information:

Social Security Number: You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you do not have one.

National Provider Identifier Number (NPI): The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax, and Cell Numbers: Enter your phone, fax, and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

Primary EMS Agency: Enter your primary EMS Agency.

2. Training Program Affiliation:

Enter your training program affiliation information.

3. Medical Program Director Recommendation:

Provide the printed name of your County Medical Program Director (MPD) and obtain their signature. This must be completed at initial approval and at time of renewal. MPD Signature is not required for candidate phase.

4. Applicant's Attestation:

You must sign and date this for us to process the application.

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Senior EMS Instructor (SEI) and SEI Candidate Requirements

Thank you for applying to become a Senior EMS Instructor (SEI) or SEI candidate in Washington State. To expedite the license process, please use the following checklist to ensure you have completed all requirements.

To apply to become an SEI Candidate, applicants must:

- Complete an application on forms provided by the Department.
- Hold a current Washington State EMS Certification and have a minimum of three years' experience in direct patient care at or above the level of certification being instructed.
- Be an approved EMS evaluator as identified in [WAC 246-976-031](#).
- Be currently recognized as a health care provider level CPR instructor from a nationally recognized training program for CPR.
- Successfully complete an instructor training course by one of the following:
 - The US Department of Transportation National Highway Traffic Safety Administration; Or
 - An Accredited Institution of Higher Education; Or
 - An equivalent course approved by the department. Contact the EMS Education and Training Consultant at 360-236-2842 for technical consultation.
- Successful completion of a one-hour Washington State EMS instructor orientation provided by the department.
- Provide proof of affiliation with a department-approved EMS training program that meets the standards in [WAC 246-976-022](#).
- Successfully pass an examination developed and administered by the department on current EMS training and certification statutes, Washington Administrative Code (WAC), the Uniform Disciplinary Act (UDA) and course administration.

To apply to for an SEI Certification, applicants must have met all the requirements above as well as the following:

- Complete an application on forms provided by the Department.
- Hold a current Washington State EMS Certification.
- Hold a current Washington State SEI Candidate certification and meet all requirements identified to become an SEI candidate.
- Successfully complete the Initial Recognition Application Procedures (IRAP) for Senior EMS Instructors.

To renew an SEI Candidate Certification, applicants must:

- Complete an application on forms provided by the Department.
- Meet requirements in WAC 246-979-032. See more directions above in applying for an initial SEI Candidate.

To renew an SEI Certification, applicants must:

- Complete an application on forms provided by the Department.
- Hold a current Washington State EMS Certification.
- Hold a current SEI or have an SEI recognition that is expired less than three years.
- Provide proof of completion of an SEI Workshop.
- Successful completion of a one-hour Washington State EMS instructor orientation provided by the department.
- Provide proof of affiliation with a department-approved EMS training program that meets the standards in [WAC 246-976-022](#).
- Successfully pass an examination developed and administered by the department on current EMS training and certification statutes, Washington Administrative Code (WAC), the Uniform Disciplinary Act (UDA) and course administration.
- Successfully complete the Recognition Application Procedures (RAP) for Senior EMS Instructors.

Note: An SEI whose recognition has expired for more than three years must complete the recognition process described in [WAC 246-976-031\(3\)\(m\)](#).

Date
Stamp
Here

Senior EMS Instructor Application

Please Type or Print Clearly—It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

Select One: Initial SEI Candidate Renewal SEI Candidate Initial SEI Renewal SEI

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)	National Provider Identifier Number (NPI) (Enter 10 digit number)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Name	First	Middle	Last
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Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County
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Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email Address:

Mailing address (if different from above)

City	State	Zip Code	County
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Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the Department of Health.

Have you ever been known under any other name(s)? Yes No

If yes, list name(s):

Will documents be received in another name? Yes No

If yes, list name(s):

2. Training Program Affiliation

Training Program Name	Training Program Number (TRNG.ES.XXXXXX-PRO)
Training Program Director	Training Program Director email

- This applicant is affiliated with the training program listed in section 2 of the application.
- This applicant is NOT affiliated with the training program listed in section 2 of the application.

Training Program Director Name (print)	Signature	Date
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3. Medical Program Director Recommendation

I verify that the applicant has demonstrated proficiency in performing skills at the level of certification that the applicant will be evaluating and that the applicant is current in continuing education requirements for his/her primary certification.

- I recommend this applicant receive:
- SEI Certification
 - SEIC Certification
- I do not recommend this applicant receive:
- SEI Certification
 - SEIC Certification

Comments:

Printed name of County MPD: _____

MPD Original Signature: _____ Date: _____

4. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of the
(Print applicant name clearly)
state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ at _____
(City, State)

By: _____
Signature of applicant



RCW/WAC and Online Website Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Emergency Medical Services and Trauma Care Systems, WAC 246-976](#)

[Emergency Medical Services Senior Instructor Requirements, WAC 246-976-031](#)

[Emergency Medical Services Senior Instructor Requirements, WAC 246-976-032](#)

Online

[Emergency Medical Services Web Page](#)