

Epinephrine Auto-injector and Anaphylaxis Training Program Application Packet

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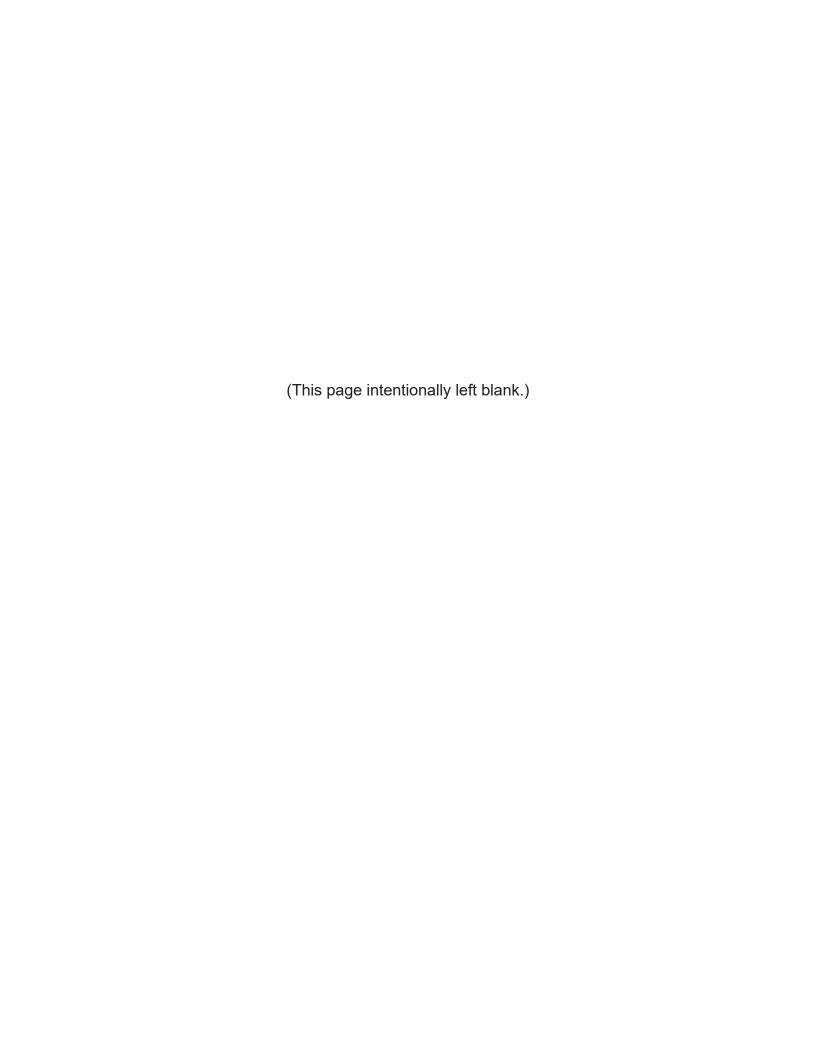
In order to process your request:

Mail your application and other documents to:

Epinephrine Auto-injector and Anaphylaxis Training Program PO Box 47877 Olympia, WA 98504-7877

Contact us:

360-236-4700

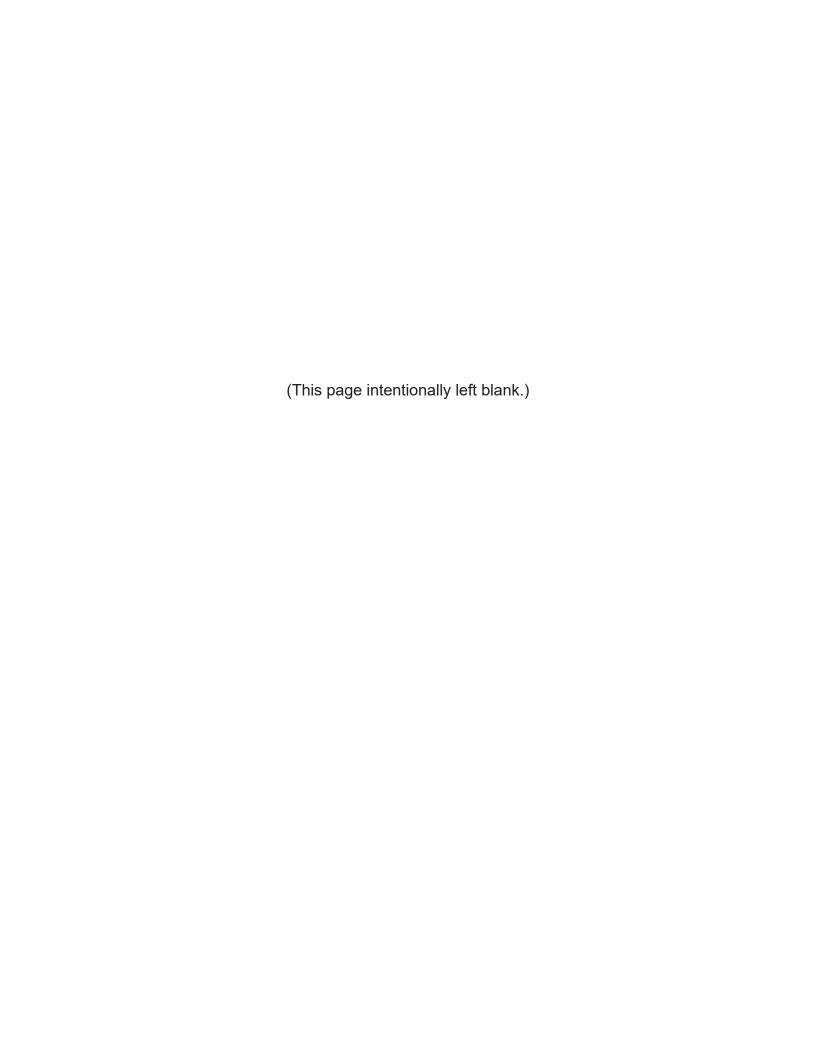




Application Instructions Checklist

When the department receives your application for approval as an Epinephrine Autoinjector and Anaphylaxis Training Program it will be reviewed. You will be notified in writing of any outstanding documentation needed to complete the process.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms. **Check One:** Please check your legal owner/operator business structure type according to your Washington State Master Business License. 1. Demographic Information: Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one. Workforce Training and Education Coordinating Board License ID: List the Workforce Training and Education Coordinating Board License ID of the training program if applicable. Legal Owner/Operator Entity Name: List the legal name of the school, program or other entity. Mailing Address: Enter the training program's complete mailing address. Name of School or Program: Enter the name of the school or program as it appears on advertised signs, brochures, etc. Physical Address: Enter the training program's complete physical address. Mailing Address: Enter the training program's complete mailing address, if different from the physical address. **Phone and Fax Numbers:** Enter the training program's phone and fax numbers. Web Address: Enter the training program's web addresses, if applicable. 2. Contact Information: List the name, title, phone number and email address of the person that can be contacted about your application. 3. Applicant's Attestation: You must sign and date this for us to process the application.





Date Stamp Here

Epinephrine Auto-injector and Anaphylaxis Training Program Application								
Check One:								
Association Corporation Federal Government Agency Limited Liability Company Limited Liability Partnership	☐ Limited Partne ☐ Municipality (0 ☐ Municipality (0 ☐ Non-Profit Cou ☐ Partnership			Sole Proprietor State Government Agency Tribal Government Agency Trust				
1. Demographic Information								
UBI#		Feder	al Tax ID (FEIN	I) #				
Workforce Training and Education Coordinating Board License ID (If applicable)								
Legal Owner/Operator Entity Name								
Mailing Address								
City	State	Zip	Code	County				
Name of School or Program								
Physical Address								
City	State	Zip	Code	County				
Mailing Address (if different from Physical)								
City	State	Zip	Code	County				
Phone (enter 10 digit #)			Fax (enter 10 digit #)					
Web Address								
2. Contact Information								
Name			Title					
Phone Number Email Address								

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3. Signature					
I representing					
Name of authorized representative	Name of program				
attest that the training meets the training provider requirements outlined in <u>WAC 246-570-040</u> and training content requirements outlined in <u>WAC 246-570-050</u> .					
Signature of authorized representative	Date (mm/dd/yyyy)				

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RCW/WAC and Online Website Links

RCW/WAC Links

<u>Epinephrine Autoinjector and Anaphylaxis Training Program Rules,</u> <u>Chapter 246-570 WAC</u>

Epinephrine Autoinjector and Anaphylaxis Training Program Laws, Chapter 70.54.440 RCW

Online

Program Web Page