



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

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Application Instructions Checklist

When the department receives your application for approval as an Epinephrine Auto-injector 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.

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Date
Stamp
Here

Epinephrine Auto-injector and Anaphylaxis Training Program Application

Check One:

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> State Government Agency |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership | |

1. Demographic Information

UBI #	Federal Tax ID (FEIN) #		
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

3. Signature

I _____ representing _____
Name of authorized representative Name of program

attest that the training meets the training provider requirements outlined in [WAC 246-570-040](#) and training content requirements outlined in [WAC 246-570-050](#).

Signature of authorized representative

Date (mm/dd/yyyy)



RCW/WAC and Online Website Links

RCW/WAC Links

[Epinephrine Autoinjector and Anaphylaxis Training Program Rules,
Chapter 246-570 WAC](#)

[Epinephrine Autoinjector and Anaphylaxis Training Program Laws,
Chapter 70.54.440 RCW](#)

Online

[Program Web Page](#)