|  |  |  |
| --- | --- | --- |
| **Mark the appropriate boxes for both course type and level of course.****Course Type:** [ ]  Initial Course [ ]  Refresher Course**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.**  | **Course Level:**[ ]  Emergency Medical Responder[ ]  EMT (Includes RN to EMT)[ ]  EMT with Supraglottic Airway [ ]  Intravenous Therapy[ ]  Supraglottic Airway (standalone class)[ ]  Advanced EMT[ ]  Paramedic[ ]  EMS Evaluator (ESE)[ ]  SEI Workshop | **Send completed document to:****HSQA.EMS@DOH.WA.GOV****Or****EMS Education and Training****P.O .Box 47853****Olympia, WA 98504-7853****Phone: 360-236-2840** |
| **Training Program Name:****Course Approval Credential Number:** (TRNG.ES.XXXXXXXX-COURSE) |  | **DOH Course Number:**       (IYY-XX-XXX)**Course Completion Date:**  |
|  | **Approval Signatures:** |
| **Training Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -OR-** | **Senior EMS/\*Lead Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***We hereby attest that those individual(s) listed below have successfully*** ***completed the course have met the course requirements as defined in RCW 18.7 or 18.73.*****\* EMR and EMT courses require a DOH approved SEI. For other course instructor qualification requirements,** **see the** [**EMS Training Program and Instructor Manual**](http://www.doh.wa.gov/Portals/1/Documents/Pubs/530126.pdf)**.** |
|  | **Last Name** | **First Name** | **M.I.** | **EMT credential number** **(IV Therapy or Standalone Supraglottic Airway endorsement courses only)** | **Notes** | **Course Completion****Pass or Fail** |
| **1.** |  |  |  |  |       |       |
| **2.** |  |  |  |  |       |       |
| **3.** |  |  |  |  |       |       |
| **4.** |  |  |  |  |       |       |
| **5.** |  |  |  |  |       |       |
| **6.** |  |  |  |  |       |       |
| **7.** |  |  |  |  |       |       |
| **8.** |  |  |  |  |       |       |
| **9.** |  |  |  |  |       |       |
| **10.** |  |  |  |  |       |       |
| **11.** |  |  |  |  |       |       |
| **12.** |  |  |  |  |       |       |
| **13.** |  |  |  |  |       |       |
| **14.** |  |  |  |  |       |       |
| **15.** |  |  |  |  |       |       |
| **16.** |  |  |  |  |       |       |
| **17.** |  |  |  |  |       |       |
| **18.** |  |  |  |  |       |       |
| **19.** |  |  |  |  |       |       |
| **20.** |  |  |  |  |       |       |
| **21.** |  |  |  |  |       |       |
| **22.** |  |  |  |  |       |       |
| **23.** |  |  |  |  |       |       |
| **24.** |  |  |  |  |       |       |
| **25.** |  |  |  |  |       |       |
| **26.** |  |  |  |  |       |       |
| **27.** |  |  |  |  |       |       |
| **28.** |  |  |  |  |       |       |
| **29.** |  |  |  |  |       |       |
| **30.** |  |  |  |  |       |       |