|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto: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.** |  |  |  | |  | | |  | |  |