| **Emergency Medical Services Ongoing Training & Evaluation Program Application** | | | |
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| **1. Demographic Information:** | | | |
| Training Agency: | | Agency License Number: (ES.XXXXXXXX) | |
| Agency Legacy Number: | | OTEP Coordinator: | |
| OTEP Coordinator Email Address: | | OTEP Coordinator Phone number: | |
| OTEP Training Agency Mailing Address: | | | |
| City: | State: | ZIP Code: | County: |
| **2. Program Information** | | | |
| Training levels included in the OTEP (check all that apply):  EMR  EMT  EMT IV Skill  EMT SGA Skill  AEMT  Paramedic | | | |
| List all other agencies participating in this OTEP program: | | | |
| Agency Name/s: | | Agency License Number/s: | Agency Legacy Number/s: |
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| Number of Participants: | | Number of DOH-approved skills evaluators (attach list of names and EMS Registry numbers): | |
| Below, provide a brief description of your OTEP program. On additional sheets, attach your three-year OTEP plan, your remediation plan, and a three-year schedule providing educational topics, time allotted, instructor and date. | | | |
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| **3. Required Signatures** | | | |
| The application must be signed by the OTEP coordinator and the county medical program director. If the OTEP program covers more than one county, the MPD of each county involved must sign the application.  OTEP Coordinator/Agency Head Name (Print / Type): | | | |
| Signature: | | Date: | |
|  | | | |
| County MPD or Designee (Print / Type): | | | |
| Signature: | | Date: | |
| **4. Application Submission Instructions** | | | |
| Mail the completed application with all required signatures and attachments to the address below:  DOH—Office of Community Health Systems, Emergency Care System  EMS Education and Training Consultant  P.O. Box 47853  Olympia, Washington 98504-7853  Contact Us: 360-236-2800, [HSQA.EMS@DOH.WA.GOV](mailto:HSQA.EMS@DOH.WA.GOV) | | | |

**OTEP Minimum Requirements Checklist**

Annual requirements:

* Cardiovascular education and training – HCP CPR / AED
* Spinal immobilization – Adult, pediatric, and geriatric patients.
* Patient assessment - Adult, pediatric, and geriatric patients.
* Airway skills (EMT-SGA/AEMT/PM – also PED)
* IV therapy – (EMT-IV, AEMT, PM)

Per certification requirements:

* Infectious disease – Must meet [RCW 70.24](http://app.leg.wa.gov/RCW/default.aspx?cite=70.24)
* Trauma – Adult, pediatric, and geriatric patients.
* Pharmacology – MPD approved medications
* Other pediatric topics – A&P, medical problems including special patient needs

Other:

* Conducted on a minimum of quarterly
* List of current ESE
* MPD or MPDD approved
* Didactic training – cognitive evaluation?
* Practical skills done in person.
* Remediation plan
* Medical emergencies, Behavioral emergencies, Obstetrics, Operations