

OPEP Application Instructions Checklist

When the department receives your OPEP application for approval it will be reviewed. You will be notified in writing of any outstanding documentation needed to complete the process.

All information should be typed or printed clearly in blue or black ink. It is your responsibility to submit the correct required forms.

Mail or email the completed application with all required signatures and attachments at least **90 days** prior to the OPEP start date to the address below:

1. Demographic Information:

Training Service: Enter your training service name

Service License Number (ES.XXXXXXXX): Enter your service license number beginning with ES.

Service Legacy Number: Enter your service legacy number. This number is assigned to fire services by the Fire Marshall's office. The first 2 numbers identify the county, the letter identifies the organization type, and the last 2 numbers identify number assigned. EXAMPLE: 32D04

OPEP Coordinator: Enter the name of the OPEP coordinator.

OPEP Coordinator Email Address and Phone Number: Enter the email address and phone number of the OPEP coordinator.

OPEP Training Service Mailing Address: Enter the mailing address of the OPEP training service.

2. Program Information:

Training Levels: Check your training levels included in the OPEP plan. Check all levels that apply.

List All Other Services: List all other services participating in the OPEP plan. Include service names, service license numbers, and service legacy numbers.

Number of Participants: Enter the total number of participants from all participating services.

Number of DOH-Approved Skills Evaluators: Enter the total number of DOH approved skills evaluators and include a list of their names and EMS registry numbers in your OPEP plan.

3. Attach OTEP Plan:

Attach 3-Year Plan: Attach the service's 3-year OTEP plan to include all items listed on the OTEP Minimum Requirements Checklist.

Section topics are required, see [WAC 246-976-161](#).

4. Required Signatures:

OTEP Coordinator: List the OTEP Coordinator/Service Head with signature and date.

County MPD or Designee: List the County MPD or Designee for each county the OTEP plan covers with signature and date. Attach extra pages as needed.

5. Application Submission:

Mail or email the completed application with all required signatures and attachments at least **90 days** prior to the OTEP start date 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

Email- HSQA.EMS@DOH.WA.GOV

Note

OTEP programs must be renewed every five years.

Emergency Medical Services Ongoing Training & Evaluation Program Application

1. Demographic Information:

Training Service:		Service License Number: (ES.XXXXXXXXX)	
Service Legacy Number:		OTEP Coordinator:	
OTEP Coordinator Email Address:		OTEP Coordinator Phone Number:	
OTEP Training Service 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 services participating in this OTEP program:

Service Name/s:	Service License Number/s:	Service Legacy Number/s:

Number of Participants:	Number of DOH-approved skills evaluators (attach list of names and EMS Registry numbers):
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3. Attach OTEP Plan

Attach your three-year OTEP plan including the items listed on the OTEP Minimum Requirements Checklist. The OTEP plan must meet the requirements described in WAC 246-976-026 and training and education content in WAC 246-976-161 and WAC 246-976-163.

4. 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/Service Head Name (Print / Type):

Signature:

Date:

County MPD or Designee (Print / Type):

Signature:

Date:

County MPD or Designee (Print / Type):

Signature:

Date:

County MPD or Designee (Print / Type):

Signature:

Date:

5. Application Submission Instructions

Mail or email the completed application with all required signatures and attachments at least **90 days** prior to the OTEP start date 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

Email- HSQA.EMS@DOH.WA.GOV

Phone- 360-236-2800

OTEP Minimum Requirements Checklist

Per certification education requirements:

Topics:

- Age-appropriate patient assessment
- Airway management and use of airway adjuncts appropriate to level of certification
- Cardiovascular education including-
 - Assessment / care of cardiac & stroke patients
 - CPR- HCP
 - Foreign body airway obstruction
 - Electrical therapy for level of certification
- Trauma- including spinal motion restriction
- Pharmacology including-
 - Epinephrine
 - Naloxone
 - MPD approved medications
- Obstetrics, pediatric, geriatric, bariatric, behavioral, mental health, and chemical dependency
- Patient advocacy including-
 - Multicultural awareness & health equity
 - POLST
 - Vulnerable populations,
 - People with disabilities or functional needs
- EMS provider advocacy/wellness including-
 - Suicide awareness
 - Mental health & physical wellbeing
 - Infectious disease
 - Workplace safety
- Law & regulations- Scope of practice, EMS certification requirements
- State, regional, & local policies including-
 - State triage tools
 - Regional PCPs
 - COPs
 - County MPD protocols/policies
- Documentation standards- Patient care, WEMSYS, data quality, evidence-based practice/research

- Disaster preparedness such as-
 - ICS
 - Multiple patient incidents
 - MCI
 - Disaster triage
 - Hazard incidents
 - Public health emergencies
 - Active shooter events
- Ambulance operations such as -
 - Driving
 - Stretcher handling
 - Crime scene awareness
 - Air ambulance safety & landing zones

Skill maintenance requirements: Skill maintenance activities should include skills identified in the department-approved EMS skills and procedures list ([DOH 530-173](#)) appropriate to the level of certification.

Airway, respiration, and ventilation annual skill proficiency opportunities-

EMR-

- Airway management
- Airway adjuncts
- BVM
- Oral suctioning all age groups

EMT/AEMT-

- EMR content above
- SGA training to include initial placement & continued placement (if certified or holds endorsement)

Paramedic-

- EMR/EMT/AEMT content above
- Oral & nasal airway adjuncts
- Endotracheal use and placement for peds & adults
- Surgical airway management for peds & adults

Paramedic- Per certification cycle

- DOH approved MPD airway management education program

Vascular access including IO insertion & infusion- appropriate for level of certification. Demonstrate proficiency to the satisfaction of the MPD or MPDD.

Operational components of an OTEP plan needs to include the following items:

The remediation plan	The instructional material utilized
The process for OTEP records management and tracking	Verification all didactic training includes a cognitive evaluation
The process for attendance and OTEP module completion verification.	The course delivery method for didactic components
The three-year schedule with educational topics	Confirmation that practical skills done in person
How quality Improvement activities are incorporated into the OTEP	How specialized training or other MPD required components are included.
Identify how the organization will evaluate the effectiveness of the OTEP program	The list of current ESE
Identify how the organization will review and update the OTEP plan	The plan must be conducted on a minimum of quarterly

**Requirement description guidance - [WAC 246-976-026](#), [WAC 246-976-161](#) and [WAC 246-976-163](#).
Additional OTEP application instructions - [DOH 530-23](#).**

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.