EMS Recertification Application Packet

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Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, please contact customer service 360-236-4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Send completed application and other documents to:

Department of Health
EMS Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

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Washington State Department of Health

Instructions Checklist

All information should be handwritten clearly in blue or black ink.

Recertification: A currently certified EMS provider within 90 days of their certification expiration date, requesting certification at the same level, for a second or subsequent time. Applicants can complete this paper application or complete their recertification through the online renewal process. See WAC 246-976-171.

☐ **1. Demographic Information:**
Credential Number: List your Department of Health Credential Number.

Social Security Number: You must list your social security number on your application. Please call the Customer Service Center at 360-236-4700 if you do not have one.

Legal Name: List your full name: first, middle, and last.

Address: List the address we should use to send any information about your credential. This will be your permanent record with Department of Health until we have been notified of a change.

Phone, Fax, and Cell Numbers: Enter your phone, fax, and cell numbers.

Email: Enter your email address, if you have one. We will use the email address provided as the primary contact source to update you on the status of your application. It is important to ensure your email address is correct and current at all times.

☐ **2. Provider Status:** Provide information about your status as a provider.

☐ **3. Continuing Medical Education (CME):** Choose the method you met your continuing medical education (CME) requirements for your last certification period. If you select "Traditional CME", you will need to successfully complete department approved knowledge and practical skill certification examinations.

"OTEP" means an ongoing training and evaluation program, which is approved for specific EMS agencies by the Department of Health and County Medical Program Directors (MPD). You do not need to submit documentation of your training to the department.

☐ **4. EMS Evaluator (ESE) Renewal Only:**
Complete this section if you are renewing your ESE.

☐ **5. Applicant's Attestation:** You must print your name and read the statement thoroughly to ensure you understand the provisions in this section. This must be complete in order for us to process your application.

☐ **6. EMS Agency Association Requirement and EMS Supervisor:**
In order to be certified you must be associated with an EMS agency licensed by the Washington State Department of Health. Your EMS agency supervisor must complete this portion of the form.

Note: You cannot sign for yourself as supervisor. Please have your supervisor sign and date the form.

- [ ] **7. County Medical Program Director (MPD):**
Follow the instructions from your local EMS coordinator or EMS agency supervisor to obtain your MPD's recommendation, signature and date. Your application is not complete until it is signed and dated by the MPD recommending you for recertification.
- [ ] **8. Medical Program Director Attestation (ESE applicants only):**
Provide the printed name of your County Medical Program Director (MPD) and obtain their signature.

Washington State Department of Health

Date Stamp Here

EMS Recertification Application

1. Demographic Information

Department of Health Credential Number		**Social Security Number (SSN)**	
Name First		Middle	Last
Phone (enter 10 digit #)		Email Address:	
Address			
City	State	Zip Code	County
Mail Address (If different from physical address)			
City	State	Zip Code	County

2. Provider Status

Will you be primarily "paid" or "volunteer" EMS provider?

☐ Paid ☐ Volunteer

Are you active duty military or deployed?

☐ Yes ☐ No

3. Continuing Medical Education (CME)

Choose the method you met your continuing medical education (CME) requirements for your last certification period:

If you select 'Traditional CME', you will need to successfully complete department approved knowledge and practical skill certification examinations.

'OTEP' means an ongoing training and evaluation program, which is approved for specific EMS agencies by the Department of Health and County Medical Program Directors (MPD)

☐ Traditional CME (Requires DOH EMS certification exam)

☐ OTEP (Ongoing training & evaluation program)

Have you successfully completed the skills maintenance requirements for your level of certification?

☐ Yes ☐ No

4. EMS Evaluator (ESE) Renewal Only

I certify that I have successfully completed a department and MPD approved ESE Evaluator Refresher Course.

Applicant's Initials	Date

5. Applicant Certification

I declare under penalty of perjury under the laws of the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Applicant Original Signature ______________________ Date ______________

6. EMS Agency Association Requirement and EMS Supervisor

Please provide the following information regarding your primary agency association:

Agency Name	Agency Number

"I affirm that if this applicant is certified, he/she will provide care with our EMS agency."

Printed Name of EMS Agency Supervisor ______________ Original Signature ______________ Date ______________

7. County Medical Program Director (MPD)

The signature of the Washington State Medical Program Director (MPD) for the county where the applicant is providing care, or where his/her EMS agency is based, is required before state certification may be granted to this applicant.

☐ "I recommend certification of this applicant based on the statements above, and the successful completion of the required examinations and/or evaluations. This applicant, if recommended for certification, has a copy of my county protocols."

Protocol requirements do not apply to poison information specialists.

☐ I do not recommend certification (attach a memo for details)

Printed Name of County MPD ______________ Original Signature ______________ Date ______________

8. Medical Program Director Attestation (ESE Applicants Only)

I verify that the applicant has demonstrated proficiency in performing skills at the level of certification that the applicant will be evaluating and that the applicant is current in continuing education requirements for his/her primary certification.

☐ I recommend this applicant receive ESE Certification.

☐ I do not recommend this applicant receive ESE Certification (attach a memo for details)

Printed Name of County MPD ______________ Original Signature ______________ Date ______________

Washington State Department of Health

RCW/WAC and Online Website Links

RCW/WAC Links

Uniform Disciplinary Act, RCW 18.130

Administrative Procedure Act, RCW 34.05

Administrative Procedures and Requirements, WAC 246-12

Emergency Medical Services and Trauma Care Systems, WAC 246-976

Emergency Medical Services Evaluator Requirements, WAC 246-976-163

Online

Emergency Medical Services Web Page