

## Application for Initial NREMT Testing Voucher Program

*To be completed by EMS Service or course SEI*

Request and Application Contact Information		
Level of initial EMS test voucher(s) requested (EMR, EMT, AEMT):		
Number of voucher(s) requested:		
<b>Requestors Information:</b>	Name: Title:	Phone Number: Email:
Name of individual(s) using voucher(s):		

Course Information	
Course credential number: (Example: TRNG.ES.XXXXXX-Course)	
Course number: (Example: I17-XX-XXX)	
Estimated course completion date:	
<b>Course SEI</b>	Name: <span style="float: right;">Phone/Email:</span>

General Questions		
Who paid for course fee? <input type="checkbox"/> EMS Service <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____	Who is responsible for the exam fee? <input type="checkbox"/> EMS Service <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____	
<b>If fees are paid by the individual</b>	Is reimbursement available to the individual for course fees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is reimbursement available to the individual for exam fees? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many volunteers or volunteer candidates does your EMS service currently have enrolled in the above course?		

EMS Service Affiliation Information		
EMS Service Name:	Phone Number:	
Legacy # or FDID:	Email:	
<b>Based on the last EMS Service Licensure Application:</b>	What is your EMS service staffing model?	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination
	Is the EMS service using non-medically trained drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the EMS service using Advanced First Aid (AFA) personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attestation of Information
<input type="checkbox"/> I hereby affirm and declare that the information provided on this application is true and correct.

**Please return to Washington State DOH Emergency Care System three weeks before the end of your course.**

Washington State Department of Health, Emergency Care System,

P.O. Box 47853, Olympia, WA 98504

Email: [hsqa.ems@doh.wa.gov](mailto:hsqa.ems@doh.wa.gov)

With Questions Contact: Dawn Felt 360-236-2842 or Jill Hayes 360-236-2838