




**Yakima County Department of Emergency Medical Services**  
 2403 S. 18<sup>th</sup> Street, Suite C, Union Gap, WA 98903  
 (509) 574-2145 • FAX (509) 574-2159



 <b>Yakima County Department of EMS</b> 2403 S. 18 <sup>th</sup> Street, Suite C, Union Gap, WA 98903 (509) 574-2145 FAX: 574-2159				<h2>Application for EMT Training</h2> <p>(please see course requirements at end)</p>			
<b>Personal Data</b>	Shirt Size _____	Pant Style: <input type="checkbox"/> EMS or <input type="checkbox"/> Fire	Pant Size Men _____	Pant Size Women _____	Course: <input type="checkbox"/> Winter 2019		
Name (Last, First, MI)					Date:		
Social Security Number:			Current Certification (if applicable):				
Birthdate:	Age:	Phone ( ) Can receive text message: <input type="checkbox"/> Y or <input type="checkbox"/> N		Message Phone ( )			
E-Mail (Mandatory for Class):							
Mailing Address:							
Street Address (if different):							
City:				State:	Zip Code:		
Applicants Signature:							
<b>EMS Agency Data</b>							
EMS Agency Affiliation:							
Fire Chief or Supervisor:				Daytime Phone: ( )			
Agency Mailing Address:							
E-Mail:							
<b>Who will provide professional liability insurance and health insurance that covers student?</b>							
<input type="checkbox"/> EMS Agency			<input type="checkbox"/> Self				
<b>Agency Approval Signature</b>							
<p>I, the undersigned, hereby approve attendance to this training course by the individual named on this application. As an employee or member of our organization, a background check, and drug screening has been completed on the individual (proof will be provided). This individual will also have professional liability and health insurance while involved in any training activities or clinical experiences and proof of such will be provided to DEMS with this application. This individual has received his/her Hepatitis B Vaccination Series (3) or titer, MMR vaccines (2) or titer, 1 Tdap vaccine or titer, and TB 1 step within the last year. <i>Flu vaccine (recommended – not required)</i>. (Declinations are available for vaccines).</p>							
Fire Chief or Supervisor:					Date:		
<b>Method of Payment</b>							
<input type="checkbox"/> Bill to EMS Organization			<input type="checkbox"/> Applicant will Pay by January 4, 2019 (Check/Cash/Money Order)				
<i>(office use only)</i>							
Date Received: _____		Comments: _____					
Tuition Amount Owed: _____		Tuition Amount Paid: _____					



**Course Requirements:**

- Copy NIMS Certificates for IS-100.b, IS-200.b, IS-700.a and IS-800.b – **all applicants**
- Copy of Current Driver's License or other photo identification, **must** be 17 years old at beginning of course – **all applicants** – **If photo ID expires during course a copy of the new photo ID must be given to the office.**
- Copy of High School Diploma or GED, **must** have completed high school or GED at beginning of course – **all applicants**
- Proof of the following Vaccinations or Titters (test to determine antibodies): 3 Hepatitis B, 2 MMR, 1 Tdap Vaccine (Tetanus, Diphtheria & Pertussis), or a completed declination – **all applicants**
- Flu vaccine – *recommended but not required*
- Tuberculosis Screening (TB 1 Step) with in the last year – **all applicants**
- Current CPR-BLS for "Healthcare" Provider or equivalent credential (A course will be offered on Saturday, 12/7/2019 for those who don't hold a current certification. The cost is \$15 and includes your certification card.)  
**An AHA Heartsaver course is not equivalent.**
- Copy of Health Insurance that covers applicant – **all applicants**
- Copy of Professional Liability Insurance – **all applicants**
- Proof of background check performed by the Washington State Patrol or through agency within last 10 years – **all applicants**
- Proof of a drug screening performed by a certified lab within the last year – **all applicants**
- Dark colored pants, belt and closed toe shoes or boots – **all applicants**