



## ANNOUNCEMENT

### Fall 2022 EMT Academy

The Yakima County Department of EMS has schedule a Fall 2022 EMT Academy for 25 qualified individuals. Unfortunately, at this time, we are unable to take students who are not affiliated with a pre-hospital EMS agency.

- Date:** June 15, 2022, Application Deadline  
**August 8, 2022, 18:00-22:00 Mandatory AHA CPR Course (Covers Lesson 1 of class)**  
**August 13, 13:00-17:00 Pre-Course Mandatory Meeting**  
**Pre-Course work from August 14, 2022 – September 1, 2022**  
**September 15<sup>th</sup> – December 15<sup>th</sup> on Thursdays, and Saturdays**
- Time:** 19:00 – 22:00 on Thursdays **by ZOOM unless otherwise noted by Instructor/SEI**  
 08:00 – 16:00 on Saturdays, **unless otherwise noted**
- Location:** Yakima County Resource Building – Classroom, 2403 S. 18th Street, Classrooms, Union Gap
- Eligibility:** **Must** be affiliated with a Yakima County Prehospital EMS Agency. We do not accept any students who are not with a Yakima County Prehospital EMS agency.
- Cost:** **\$0 affiliated with a Yakima County EMS agency supported by the Yakima County EMS levy \$1400 for all providers with other agencies**

To register for the class please fill out the enclosed application and attach copies of **all** pre-requisites required documentation. Return completed applications to the Yakima County Department of EMS, 2403 S. 18<sup>th</sup> Street, Suite 300, Union Gap, WA 98903 no later than **June 15, 2022**. If your application and **all** required documentation have not been received by this time, your application may be denied without notice. **Only 25 students will be allowed in the course. All applicants are required to attend a scheduled pre-course screening interview during the last week of June (27-30). There will be a pre-course exam that must be completed on your interview date.** Applicants will receive an email with the dates/times that the interviews/exams will be held. Applicants are required to respond to the email to set the date and time for the interview. Applicants must attend the CPR-BLS for Healthcare Provider Course August 8, 2022 (6 pm – 10 pm), and the pre-course mandatory meeting on Saturday, August 13, 2022 (10 am until done) – **NO EXCEPTIONS.**

- **Current CPR-BLS for Healthcare Provider credential - All Students will be required to attend an ASHI course on Monday, 8/8/2022. The cost of the CPR course is \$15 and includes your certification card and online book.**

Applicants that are not able to attend the pre-course mandatory class and meeting, and/or the screening interview and orientation may be considered for the following course.

**The minimum qualifications and pre-requisites (must be attached to application) for all students are:**

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Must be at least 17 years old when course begins</li> <li>• Copy of a driver's license or other photo identification</li> </ul>  | <ul style="list-style-type: none"> <li>• High School Diploma or GED at the beginning of course (a copy of a higher learning degree is also acceptable)</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Professional liability insurance (generally covered by agency)</li> </ul>  | <ul style="list-style-type: none"> <li>• Health insurance that covers the student (generally covered by agency or employer)</li> </ul>  |
| <ul style="list-style-type: none"> <li>• NIMS certification IS 100.c, <a href="https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c">https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c</a></li> </ul>  | <ul style="list-style-type: none"> <li>• NIMS IS 700.b <a href="https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b">https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b</a></li> </ul> |
| <ul style="list-style-type: none"> <li>• <b>WSP Background Check within the last 10 years</b> (see below)</li> </ul>  | <ul style="list-style-type: none"> <li>• <b>Drug Screening by Certified Lab within the last year</b> (see below)</li> </ul>   |
| <ul style="list-style-type: none"> <li>• <b>One-Step Tuberculosis Skin Test (TST) with in the last year (no exceptions)</b> Students with a history of positive TST must have documentation of a negative chest x-ray, negative QuantiFERON gold, or documented completion of INH treatment for Tuberculosis.</li> </ul>  |   |
| <p><b>Vaccination Requirements – a vaccination record, titer or letter from physician must be received</b> (please note that your vaccination record may be available on line <a href="https://doh.wa.gov/you-and-your-family/immunization/access-your-familys-immunization-information">https://doh.wa.gov/you-and-your-family/immunization/access-your-familys-immunization-information</a>)</p>                                |   |
| <ul style="list-style-type: none"> <li>• <b>Measles, Mumps Rubella</b> – Proof of immunity as evidenced by one of the following:           <ul style="list-style-type: none"> <li>○ Vaccine records that include <b>2-dose of MMR vaccine</b>.</li> <li>○ Laboratory testing that shows positive levels of antibodies for Measles, Mumps &amp; Rubella (titer testing)</li> </ul> </li> </ul>                                     |   |
| <ul style="list-style-type: none"> <li>• <b>Varicella (Chickenpox)</b> – Proof of immunity as evidenced by one of the following:           <ul style="list-style-type: none"> <li>○ Vaccine records that include <b>2-dose</b> of varicella vaccine</li> <li>○ Laboratory testing that shows positive levels of antibodies for varicella (titer testing)</li> <li>○ Physician documentation of the disease</li> </ul> </li> </ul> |   |
| <ul style="list-style-type: none"> <li>• <b>Tetanus, Diphtheria, Pertussis (Tdap, not DTP/DTaP)</b> vaccine – Documentation that the <b>1-dose</b> Tdap vaccine has been received <b>after 2005</b></li> </ul>  |   |
| <ul style="list-style-type: none"> <li>• <b>Influenza vaccine</b> – <i>strongly recommended</i>, annually between November 1-May 1</li> </ul>   |   |



- **Hepatitis B vaccine** – Documentation of completion of the **3-dose** Hepatitis B vaccine series or a positive hepatitis B surface antibody titer (HBSAB). (This titer should test for both A and B Hepatitis)
- **COVID-19 vaccine** – The State of Washington and WADOH require all licensed or certified patient care providers to be completely vaccinated with the COVID 19 vaccination by October 18, 2021, in order to provide patient care. This new law governs patient care provided by students. The YCDEMS does not require you to receive this vaccination to start this course. It is required that you have completed the COVID vaccination in order to complete the required field experience portion necessary for course completion. **Please provide proof of vaccination no later than October 27, 2022 and take your vaccination record with you for your schedule ride time.** If for some reason the law changes, we will adjust as needed to comply with the law.

**All students are required to dress professionally at all class days. Shirts will be provided, but all students must have the following:**

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Dark colored EMS Pants, Jeans or Slacks<br/>Zero tolerance for “fashion jeans” or holes in the jeans.</li> </ul> | <ul style="list-style-type: none"> <li>• Black or dark colored closed toe shoes or boots</li> <li>• Belt that is black or dark colored</li> <li>• Shirts must be tucked in</li> </ul> |
|---|---|

**All students are required to provide proof** that they have **medical insurance and professional liability** insurance that covers the student during the course (through work or private insurance or department).

**All students must have a background check with in the last 10 years, a drug screening within the last year and a TB 1-Step test within the last year.**

Contact the EMS office ([diane.koch@co.yakima.wa.us](mailto:diane.koch@co.yakima.wa.us)) if you need to obtain a drug screening (the drug screenings are generally completed through the agency). If you do not have a drug screening through your agency, any drug screening will be at your own expense. Proof is required.

Background checks may be done on-line with the Washington State Patrol <https://watch.wsp.wa.gov/WATCH/Home/Index> Proof must be provided. Cost as of March 2022 is \$11 for Name and Date of Birth – online.

Students will receive a course completion certificate from the YCDEMS, provided all requirements of the course have been successfully completed.

**To receive a Washington State issued EMT card, students must also:**

- Successfully complete the National Registry Exam within 24 months. Students are strongly encouraged to take the NREMT cognitive exam as soon as they are released to do so. Preferably within 3 months of the last scheduled day of class. (Statistics have been kept, and those students who take the exam early generally pass. The longer students wait, the more likely they will fail.)
- Complete the Washington State Initial Certification paperwork
- Return the completed Washington State Initial Certification paperwork to the YCDEMS Office for MPD signature
- YCDEMS will be forward your application, with the appropriate attachments to the Washington State DOH

The schedule is subject to change, as needed. If you have any questions, or concerns, please call the office at 509-574-2145.



|   | <b>DATE</b>  | <b>TIME</b>                             |
|---|--|---|
| 1   | Monday, August 8, 2022   | 1800-2200                               |
| 2   | Saturday, August 13, 2022  | 1000-1400                               |
| 2A  | Saturday, August 20, 2022  | Online<br>classes to<br>be<br>completed |
| 2B  | Saturday, August 27, 2022  |   |
| 2C  | Thursday, September 1, 2022  |   |
| 3   | Thursday, September 15, 2022   | 1900-2200                               |
| 4   | Saturday, September 17, 2022   | 0800-1600                               |
| 5   | Thursday, September 22, 2022   | 1900-2200                               |
| 6   | Saturday, September 24, 2022   | 0800-1600                               |
| 7   | Thursday, September 29, 2022   | 1900-2200                               |
| 8   | Saturday, October 1, 2022  | 0800-1600                               |
| 9   | Thursday, October 6, 2022  | 1900-2200                               |
| 10  | Saturday, October 8, 2022  | 0800-1600                               |
| 11  | Thursday, October 13, 2022   | 1900-2200                               |
| 12  | Saturday, October 15, 2022   | 0800-1600                               |
| 13  | Thursday, October 20, 2022   | 1900-2200                               |
| 14  | Saturday, October 22, 2022   | 0800-1600                               |
| 15  | Thursday, October 27, 2022   | 1900-2200                               |
| 16  | Saturday, October 29, 2022   | 0800-1600                               |
| 17  | Thursday, November 3, 2022   | 1900-2200                               |
| 18  | Saturday, November 5, 2022   | 0800-1600                               |
| <b>Ride Time Starts, Monday November 7, 2022</b>                  |  |   |
| 19  | Thursday, November 10, 2022  | 1900-2200                               |
| 20  | Saturday, November 12, 2022  | 0800-1600                               |
| 21  | Thursday, November 17, 2022  | 1900-2200                               |
| 22  | Saturday, November 19, 2022  | 0800-1600                               |
| <b>THANKSGIVING NOVEMBER 24<sup>TH</sup> – NO CLASS THIS WEEK</b> |  |   |
| 23  | Thursday, December 1, 2022   | 1900-2200                               |
| 24  | Saturday, December 3, 2022   | 0800-1600                               |
| 25  | Thursday, December 8, 2022   | 1900-2200                               |
| 26  | Saturday, December 10, 2022  | 0800-1600                               |
| 27  | Thursday, December 15, 2022  | 1900-2200                               |
|   | Monday, November 7, 2022 –<br>Friday, December 29, 2022<br><b>RIDE TIME/CLINICAL TIME TO BE<br/>           COMPLETED (10 hours minimum<br/>           and 5 patient contacts) –<br/>           Must be fully vaccinated for<br/>           COVID-19 by October 27, 2022.</b> |   |



|   |      |  |                   |
|---|------|--|-------------------|
| <b>Yakima County Department of EMS</b><br>2403 S. 18 <sup>th</sup> Street, Suite 300,<br>Union Gap, WA 98903<br>(509) 574-2145 FAX: 574-2159  |      | <h2 style="margin: 0;">Application for EMT Training</h2> <p style="margin: 0;">(please see course requirements at end)</p> |                   |
| <b>Personal Data</b>  |      | <i>Please print or type legibly</i>  |                   |
| Name (Last, First, MI)  |      | Course: <input type="checkbox"/> Fall 2022   |                   |
| Social Security Number:   |      | Date:  |                   |
| Current Certification (if applicable):  |      | Date:  |                   |
| Birthdate:  | Age: | Phone ( )<br>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 (within the last 10 years), drug screening (within the last year) and a TB 1 step (within the last year) 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 (after 2005) or titer, flu vaccine between November 1-May 1 is strongly recommended, and COVID-19 vaccine (as required by law – see explanation in the announcement) proof of such will be provided to DEMS with the application.</p> |      |  |                   |
| Fire Chief or Supervisor:   |      | Date:  |                   |
| (office use only)   |      |  |                   |
| Date Received: _____ Comments: _____  |      |  |                   |
| _____   |      |  |                   |
| _____   |      |  |                   |
| Tuition Amount Owed: _____ Tuition Amount Paid: _____   |      |  |                   |



**Course Requirements:**

- Must be at least 17 years old when course begins, no exception – **all applicants**
- Copy of Current Driver's License or other photo identification – **all applicants**  
**If photo ID expires during course a copy of the new photo ID must be given to the office**
- Proof of High School Diploma or GED. **Must** have completed high school or GED at beginning of course (proof of higher education is also acceptable) – **all applicants**
- Copy of Professional Liability Insurance (a memo verifying such from agency is acceptable) – **all applicants.**
- Copy of Health Insurance that covers applicant (a memo verifying such from agency is acceptable) – **all applicants.**
- Copy NIMS Certificates for IS-100.c, IS-700.c – **all applicants**
- Proof of background check performed by the Washington State Patrol or through agency within last 10 years (a memo verifying such from the agency is acceptable) – **all applicants.**
- Proof of a drug screening performed by a certified lab within the last year (a memo from the agency verifying such is acceptable) – **all applicants.**
- Proof of Tuberculosis Screening (TB 1 Step) with in the last year – **all applicants**

**Proof of the following Vaccinations or Titer showing antibodies – all applicants:**

- Measles, Mumps, Rubella – Series of 2 vaccinations or titer
- Varicella (Chicken Pox) – vaccination, titer, or history
- Tdap – vaccination (Tetanus, Diphtheria & Pertussis) *after 2005*
- Influenza – vaccination between November 1<sup>st</sup> and May 1<sup>st</sup> is *strongly recommended*
- Hepatitis B – Series of 3 vaccinations or titer
- COVID-19 vaccine** – The State of Washington and WADOH require all licensed or certified patient care providers to be completely vaccinated with the COVID 19 vaccination by October 18, 2021, in order to provide patient care. This new law governs patient care provided by students. The YCDEMS does not require you to receive this vaccination to start this course. It is required that you have completed the COVID vaccination in order to complete the required field experience portion necessary for course completion. **Please provide proof of vaccination no later than and take your vaccination record with you for your schedule ride time.** If for some reason the law changes, we will adjust as needed to comply with the law.

**Note you may be able to find your vaccinations on-line with the State DOH at: <https://doh.wa.gov/you-and-your-family/immunization>**

**Dress Requirements:**

- Dark colored pants, belt and closed toe shoes or boots – **all applicants**