



## ANNOUNCEMENT

### Winter 2020 EMT Academy

The Yakima County Department of EMS has schedule a Winter 2020 EMT Academy for 30 qualified individuals. Unfortunately, at this time, we are unable to take students who are not affiliated with a pre-hospital EMS agency.

- Date: **December 14, 2019, 1 pm – 5 pm Pre-Course Mandatory Meeting**  
 January 6, 2020 – April 25, 2020  
 Mondays, Thursdays, and Saturdays
- Time: 6 pm - 10 pm on Mondays and Thursdays  
 8:30 am - 4 pm on Saturdays, unless otherwise noted
- Location: Yakima County Resource Building – Classroom, 2403 S. 18th Street, Union Gap
- Eligibility: **Must** be affiliated with a prehospital EMS Agency
- Cost: **\$0 affiliated with a Yakima County EMS agency supported by the Yakima County EMS levy**  
**Affiliated Students** who are with an agency not supported by the Yakima County EMS Levy will need to include a **\$50 Application fee**, which is refundable up to December 6, 2019. If the student is accepted, the \$50 application fee will be applied towards the cost of tuition of **\$1150**. Tuition includes online access to JB Learning and EMS Testing. Student textbook, workbook and the use of other issued required equipment.

To register for the class please fill out the enclosed application and attach copies of pre-requisites required documentation. Return completed applications to the Yakima County Department of EMS, 2403 S. 18<sup>th</sup> Street, Suite C, Union Gap, WA 98903 no later than **September 30, 2019**. If your application and 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 October. 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 also attend the pre-course mandatory meeting on December 14, 2019 – NO EXCEPTIONS. Applicants that are not able to attend the screening interview and orientation may be considered for the following year.**

**The minimum qualifications and pre-requisites for all students are:**

- Must be at least 17 years old when course begins
  - High School Diploma or GED at the beginning of course
  - Current CPR-BLS for Healthcare Provider or equivalent credential.
  - Copy of a driver's license or other photo identification
- A course will be offered on Saturday, 12/7/2019. The cost of the CPR course is \$15 and includes your certification card.

**An AHA Heartsaver course is not considered equivalent. Please contact the Yakima County EMS office to confirm your card meets the standard for national testing.**

- NIMS certification IS 100.c, IS 200.c, IS 700.b, & IS 800.c <https://training.fema.gov/emi.aspx>
- Professional liability insurance (generally covered by agency)
- WSP Background Check within the last 10 years (see below)
- Health insurance that covers the student
- Drug Screening by Certified Lab within the last year (see below)

**Vaccination Requirements (there are declination forms available)**

- 2 MMR Vaccine or a Rubella/Rubeola/Mumps titer
- Pertussis (Whooping Cough)
- Tuberculosis – 1 Step within the last year
- Proof of current Hepatitis B vaccination
- Tetanus
- Flu vaccine is *recommended but not required*

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

- Dark colored EMS Pants, Jeans or Slacks (pants are available for purchase, cost TBD)  
 Zero tolerance for "fashion jeans" or holes in the jeans.
- Black or dark colored closed toe shoes or boots
- Belt that is black or dark colored
- Shirts must be tucked in

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



**Yakima County Department of Emergency Medical Services**  
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**(509) 574-2145 • FAX (509) 574-2159**



**All students must have a "background check" and "drug screening".** Forms are available for those students who need to obtain a drug screening (students must pay for the screening) on our website at <http://www.yakimacountyems.com/forms/DrugScreenServiceOrder.pdf>. The forms are for Yakima Worker Care or you may use another certified lab. A drug screening that was completed within the last year is acceptable. Proof must be provided.

Background checks may be done on-line with the Washington State Patrol: <http://www.wsp.wa.gov/crime/chrequests.htm> Go to "WATCH" listed on left side of screen. A background check that was done by an agency within the last 10 years is acceptable. Proof must be provided.

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. Note students must repeat a portion of the testing process if the cognitive exam is not completed in 12 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. (Statics have been kept, and those students who take the exam early generally pass. The longer students wait, the more likely they will fail.)

**For Yakima County affiliated students:**

- Complete the Washington State Initial Certification paperwork
- Return it to the YCDEMS Office for MPD signature
- YCDEMS will be forward your application, with the appropriate attachments to the Washington State DOH

**For affiliated students outside of Yakima County:**

- Complete the Washington State Initial Certification paperwork
- Follow the instructions of the your agency/MPD/EMS office regarding MPD signature and 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.



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<b>DATE</b>	<b>TIME</b>
Saturday, December 7, 2019 (if needed)	0900-1300
Saturday, December 14, 2019	1300-1700
Monday, January 06, 2020	1800-2200
Thursday, January 09, 2020	1800-2200
Saturday, January 11, 2020	0830-1600
Monday, January 13, 2020	1800-2200
Thursday, January 16, 2020	1800-2200
Saturday, January 18, 2020	0830-1600
Tuesday, January 21, 2020 (Martin Luther King Day is Monday)	1800-2200
Thursday, January 23, 2020	1800-2200
Saturday, January 25, 2020	0830-1600
Monday, January 27, 2020	1800-2200
Thursday, January 30, 2020	1800-2200
Saturday, February 01, 2020	0830-1600
Monday, February 03, 2020	1800-2200
Thursday, February 06, 2020	1800-2200
Saturday, February 08, 2020	0830-1700
Monday, February 10, 2020	1800-2200
Thursday, February 13, 2020	1800-2200
Saturday, February 15, 2020	0830-1600
Monday, February 17, 2020 Optional Mid-Term Review	1800-2100
Tuesday, February 18, 2020 Optional Mid-Term Review	1800-2200
Thursday, February 20, 2020	1800-2200
Saturday, February 22, 2020	0830-1600
Monday, February 24, 2020	1800-2200
Thursday, February 27, 2020	1800-2200
Saturday, February 29, 2020	0830-1600



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<b>DATE</b>	<b>TIME</b>
Monday, March 02, 2020	1800-2200
Thursday, March 05, 2020	1800-2200
Saturday, March 07, 2020	0830-1600
Monday, March 09, 2020	0830-1600
Thursday, March 12, 2020	1800-2200
Saturday, March 14, 2020	0830-1700
Monday, March 16, 2020	1800-2200
Thursday, March 19, 2020	1800-2200
Saturday, March 21, 2020	0830-1600
Monday, March 23, 2020	1800-2200
Thursday, March 26, 2020	1800-2200
Saturday, March 28, 2020	0830-1630
Monday, March 30, 2020	1800-2200
Tuesday, March 31, 2020 – Friday, April 24, 2020	Must complete ambulance ride time and the NREMT Written Exam
Saturday, April 25, 2020	0830-1300



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<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 style="margin: 0;">Application for EMT Training</h2> <p style="margin: 0;">(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)		
(office use only)					
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 Titers (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**