Yakima County Department of Emergency Medical Services
2403 S. 18th Street, Suite 300, Union Gap, WA 98903 ● (509) 574-2145 ● FAX (509) 574-2159

A N N O U N C E M E N T

Fall 2025 EMT Academy

The Yakima County Department of EMS has scheduled a Fall 2025 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: **Thursday, July 31, 2025, 18:00-22:00 Mandatory ASHI CPR Course (Covers Lesson 1 of class)**
Thursday, August 7, 2025, 18:00-22:00 Pre-Course Mandatory Meeting
August 8 to August 29, 2025 Pre-Course Work
Thursday September 4, 2025 to December 11, 2025 Scheduled EMT Course
Time: 18:00 – 21:00 on Thursdays, **unless otherwise noted**
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**
$1500 for all providers with other Yakima County Prehospital EMS agencies

To register for the class please fill out the enclosed application form and attach copies of ***all*** pre-requisites required. Return completed applications to the Yakima County Department of EMS, 2403 S. 18th Street, Suite 300, Union Gap, WA 98903 or email the application and attachments to diane.koch@co.yakima.wa.us. Applications must be received no later than **June 17, 2025 @ 5 pm.** If you do not have all your attachments, turn in your application to hold your spot in class. **However, all attachments must be received by August 29th. If your application is not received by June 17th and the required documentation received by August 29th you will be withdrawn from the course. NO EXPECTIONS! Only 25 students will be allowed in the course.**
All applicants are required to attend a scheduled pre-course individual meeting during which there will be a pre-course SAT reading exam that must be completed. The exam does not affect your entrance into the course. This is for our information, to help plan alternate strategies for students. The times for the individual test/meetings will start at 16:00 and the last time slot will start at 19:30. The following are the dates that the interviews will be held on:

- **Tuesday, June 24th**
- **Wednesday, Wednesday June 25th**
- **Friday, June 27th**

Applicants will receive an email with the dates and times that the pre-course individual meeting and exam will be held. Applicants are required to respond to the email to set the date and time for the interview.

- **Current CPR-BLS for Healthcare Provider credential - *All Students are required to attend an ASHI course on Thursday, July 31, 2025. Students will receive an ASHI HCP CPR card upon successful completion.* NO EXCEPTIONS**
- **Pre-course mandatory Orientation meeting Thursday, August 7, 2025 – NO EXCEPTIONS**

Applicants that are not able to attend the pre-course individual meetings/testing, the mandatory CPR class and the mandatory orientation are ineligible for this course. However, they are encouraged to apply for the winter course. If you have questions or concerns, please contact the EMS office at 509-574-2145.

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

• Must be at least 17 years old when course begins • Copy of a driver's license or other photo identification	• High School Diploma or GED at the beginning of course (a copy of a higher learning degree is also acceptable)
• Professional liability insurance (generally covered by agency)	• Health insurance that covers the student (generally covered by agency or employer)
• NIMS certification IS 100.c, https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c	• NIMS IS 700.b https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b
• **WSP Background Check *within the last 10 years*** (see below)	• **Drug Screening by Certified Lab *within the last year*** (see below)
• **One-Step Tuberculosis Skin Test (TST) within the last year (no exceptions)** 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.	
Required Vaccinations per MPD Protocol – a vaccination record, titer or letter from physician must be received	
• **Tetanus, Diphtheria, Pertussis (Tdap**, *not DTP/DTaP*) vaccine – Documentation that the **1-dose** Tdap vaccine has been received **after 2005**	
• **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)	

	****Strongly* Recommended Vaccines based on MPD and CDC recommendations****
•	**Measles, Mumps Rubella** – Proof of immunity as evidenced by one of the following: o Vaccine records that include **2-dose of MMR vaccine**.
•	**Varicella (Chickenpox)** – Proof of immunity as evidenced by one of the following: o Vaccine records that include **2-dose** of varicella vaccine or o Year of infection with the chickenpox
•	**Influenza vaccine** – *strongly recommended*, annually between *November 1-May 1*
•	**Hepatitis A vaccine** – Documentation of completion of the **2-dose** Hepatitis A vaccine series
	COVID-19 VACCINE

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

• Dark colored EMS Pants, Jeans or Slacks 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 should be tucked in

***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 within 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) if you need to obtain a drug screening (the drug screenings are generally completed through your 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.

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 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.

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	DATE	TIME
1	Thursday, July 31, 2025	1800-2200
2	Thursday, August 7, 2025	1800-2200
2A	Friday, August 8, 2025	**Online Classes to be completed in Ninth Brain**
2B	Friday, August 29, 2025 **Deadline for all required attachments**	
3	Thursday, September 4, 2025	1800-2100
4	Saturday, September 6, 2025	0900-1600
5	Thursday, September 11, 2025	1800-2100
6	Saturday, September 13, 2025	0900-1600
7	Thursday, September 18, 2025	1800-2100
8	Saturday, September 20, 2025	0900-1600
9	Tuesday, September 23, 2025	1800-2100
10	Thursday, September 25, 2025	1800-2100
11	Saturday, September 27, 2025	0900-1600
12	Thursday, October 2, 2025	1800-2100
13	Saturday, October 4, 2025	0900-1600
14	Thursday, October 9, 2025	1800-2100
15	Saturday, October 11, 2025	0900-1600
16	Thursday, October 16, 2025	1800-2100
17	Saturday, October 18, 2025	0900-1600
18	Tuesday, October 21, 2025	1800-2100
19	Thursday, October 23, 2025	1800-2100
20	Saturday, October 25, 2025	0900-1600
21	Thursday, October 30, 2025	1800-2100
22	Saturday, November 1, 2025	0900-1600
23	Thursday, November 6, 2025	1800-2100
24	Saturday, November 8, 2025	0900-1600
25	Thursday, November 13, 2025	1800-2100
26	Saturday, November 15, 2025	0900-1600
27	Thursday, November 20, 2025	1800-2100
28	Saturday, November 22, 2025	0900-1600
29	Thursday, December 4, 2025	1800-2100
30	Saturday, December 6, 2025	0900-1600
31	Tuesday, December 9, 2025	1800-2000
32	Thursday, December 11, 2025	1800-2000
	Tuesday, October 28, 2025 - RIDE TIME/CLINICAL TIME TO BE COMPLETED (10 patient contacts) – ***(no guarantees regarding being allowed to complete ride time, if not fully vaccinated, as each agency has the right to decide what the requirements are for students)***	

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Application for EMT Training

(please see course requirements at end)

Personal Data	***Please print or type legibly***	Course: ☐ Fall 2025

Name (Last, First, MI)		Date:
Birthdate:	Age:	Current Certification (if applicable):
Phone ( ) Can receive text message: ☐ Y or ☐ N		Message Phone ( )
E-Mail (Mandatory for Class):		
Mailing Address:		
Street Address (if different):		
City:	State:	Zip Code:
Applicants Signature:		

EMS Agency Data

EMS Agency Affiliation:	
Fire Chief or Supervisor:	Daytime Phone: ( )
Agency Mailing Address:	
E-Mail:	

Who will provide professional liability insurance and health insurance that covers student?

☐ EMS Agency ☐ Self

Agency Approval Signature

I, the undersigned, hereby approve attendance for 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 for the individual (copies attached or a memo verifying such attached). This individual will also have professional liability and health insurance while involved in any training activities or clinical experiences and (copies attached or a memo verifying such attached). This individual has received his/her Hepatitis B Vaccination Series (3) or titer, and 1 Tdap vaccine (after 2005) or titer (proof vaccination status attached). The following vaccinations are strongly recommended: COVID-19, MMR, Varicella, Hepatitis A and Influenza.

Fire Chief or Supervisor:	Date:

(office use only)

Date Received: _____ Comments:_____

_____

Tuition Amount Owed: _____ Tuition Amount Paid: _____

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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:

- ☐ Hepatitis B – Series of 3 vaccinations or titer
- ☐ Tdap – vaccination (Tetanus, Diphtheria & Pertussis) *after 2005*

Strongly Recommended Vaccinations – all applicants

- ☐ Measles, Mumps, Rubella – Series of 2 vaccinations
- ☐ Varicella (Chicken Pox) – vaccination, titer, or ***history (year that you had chicken pox)***
- ☐ Influenza – vaccination between March 1st and May 1st is *strongly recommended*
- ☐ Hepatitis A – Series of 2 vaccinations
- ☐ COVID-19 vaccine

Dress Requirements:

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