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 2026 EMT Academy

The Yakima County Department of EMS has scheduled a Fall 2026 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, August 13, 2026, 18:00-22:00 Mandatory ASHI CPR Course (Covers Lesson 1 of class)**
Thursday, August 20, 2026, 18:00-22:00 Pre-Course Mandatory Meeting
Thursday, August 20, 2026 – September 9, 2026 Pre-Course Work
Thursday, September 10, 2026 – Thursday, December 10, 2026 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 **Monday, July 2, 2026 @ 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 Wednesday, September 9th. If your application is not received by July 2nd and the required documentation is not received by September 9th you will be withdrawn from the course. NO EXCEPTIONS! 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, July 14th**
- **Wednesday, July 15th**
- **Thursday, July 16th**

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, August 13, 2026. Students will receive an ASHI HCP CPR card upon successful completion.* NO EXCEPTIONS**
- **Pre-course mandatory Orientation meeting Thursday, August 20, 2026 – 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 fall 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, August 13, 2026 **CPR Required**	1800-2200
2	Thursday, August 20, 2026 **ORIENTATION Required**	1800-2200
2A	Thursday, August 20, 2026 **assigned in JB Learning & Ninth Brain** **Due on 9/9/20206**	
3	Thursday, September 10, 2026	1800-2100
4	Saturday, September 12, 2026	0900-1600
5	Tuesday, September 15, 2026 (optional)	1800-2000
6	Thursday, September 17, 2026	1800-2100
7	Saturday, September 19, 2026	0900-1600
8	Tuesday, September 22, 2026 (optional)	1800-2000
9	Thursday, September 24, 2026	1800-2100
10	Saturday, September 26, 2026	0900-1600
11	Tuesday, September 29, 2026	1800-2000
12	Thursday, October 1, 2026	1800-2100
13	Saturday, October 3, 2026	0900-1600
14	Tuesday, October 6, 2026 (optional)	1800-2000
15	Thursday, October 8, 2026	1800-2100
16	Saturday, October 10, 2026	0900-1600
17	Thursday, October 15, 2026	1800-2100
18	Saturday, October 17, 2026	0900-1600
19	Tuesday, October 20, 2026 (optional)	1800-2000
20	Thursday, October 22, 2026	1800-2100
21	Saturday, October 24, 2026	0900-1600
22	Tuesday, October 27, 2026 (required)	1800-2000
23	Thursday, October 29, 2026	1800-2100
24	Saturday, October 31, 2026	0900-1600
25	Tuesday, November 3, 2026 (optional)	1800-2000
26	Thursday, November 5, 2026	1800-2100
27	Saturday, November 7, 2026	0900-1600
28	Tuesday, November 10, 2026 (optional)	1800-2000
29	Thursday, November 12, 2026	1800-2100
30	Saturday, November 14, 2026	0900-1600
31	Tuesday, November 17, 2026 (optional)	1800-2000
32	Thursday, November 19, 2026	1800-2100
33	Saturday, November 21, 2026	0900-1600
34	Thursday, November 26, 2026	1800-2100
35	Saturday, November 28, 2026	0900-1600
36	Thursday, December 2, 2026	1800-2100
37	Saturday, December 5, 2026	0900-1600
38	Tuesday, December 8, 2026 (required)	1800-2000
39	Thursday, December 10, 2026	1800-2100
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 2026

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**