



Emergency Medical  
Services  
PO Box 47877  
Olympia, WA 98504-7877

## **Emergency Medical Services Training Program MPD Signature and Recommendation Form – Program in Multiple Counties**

This signature page should be used to acquire MPD signature and recommendation(s) when the Training Program will be located in multiple counties and is submitting the application online. You will be notified by email of any outstanding documentation needed to complete the process.

### **Application Instructions:**

**1. Training Program Information:**

The training program director needs to complete the demographic information.

**Note:** You must be a department approved training program to conduct an EMS training course.

**2. Program Location Information:**

Enter the full physical address of where the course will be conducted.

Enter the secondary physical address, if applicable. This would be a permanent location.

**3. MPD Recommendation and Signatures:**

The county medical program director must sign this application in all counties where the program is conducted. If the program is held in more than one county all county medical directors will need to sign the application. Use this form for additional MPD signatures.

**Note:** For online application submissions the MPD in the primary county will review and sign online.

This page should be used for secondary physical permanent locations where the course is held on a regular basis.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

## Emergency Medical Services Training Program MPD Signature Form – Program in Multiple Counties

Application for:  Initial Application     Renewal of Current Program     Amendment of Current Program

### 1. Training Program Information

Training Program Name (A training course must be affiliated with an approved training program)

Training Program Credential Number (Ex: TRNG.ES.XXXXXXXXXX-PRO)

Email Address

Phone (enter 10 digit #)

### 2. Program Location Information

Primary Location Physical Address

City

State

Zip Code

County

Secondary Location Physical Address (use separate sheet of paper if more than two physical locations)

City

State

Zip Code

County

### 3. Program Approval Recommendation

#### County Medical Program Director

A recommendation from the county medical program director(s) in the county(s) where the course will be held. the county medical program director must sign the course application.

For online application submissions the MPD in the primary county will review and sign online. This page should be used for secondary physical permanent locations where the course is held on a regular basis.

I have reviewed the application, the demonstration of need for new or additional training, and any additional information provided. Based on this information, I:

Recommend approval of this application.

Do not recommend approval of this application (attach memo for details).

#### County Medical Program Director

Name

Email

Signature

Date (mm/dd/yyyy)