



## EMS Training Program Affiliation Change Form

Complete the following information, if adding or removing an SEI from your training program roster. Please note that adding a senior EMS instructor (SEI) or senior EMS instructor candidate (SEIC) requires the MPD signature in the county where your EMS program is approved.

Select One: <input type="checkbox"/> New SEI or SEIC to training program <input type="checkbox"/> Remove SEI or SEIC from training program	
<b>1. Training Program Information</b>	
EMS Training Program Name	EMS Training Program License Number
<b>2. EMS Training Program Director: Complete this section to remove an Instructor</b>	
Name of SEI/SEIC to be Removed	Credential Number
Name of SEI/SEIC to be Removed	Credential Number
"I affirm these EMS Instructors are no longer affiliated with our state approved training program per WAC 246-976."	
By: _____ (Training Program Director Signature)	Date: _____ (mm/dd/yyyy)
<b>3. EMS Training Program Director: Complete this section to add an Instructor</b>	
Name of SEI/SEIC to be Added	Credential Number
Name of SEI/SEIC to be Added	Credential Number
"I affirm these EMS Instructors are no longer affiliated with our state approved training program per WAC 246-976."	
By: _____ (Training Program Director Signature)	Date: _____ (mm/dd/yyyy)
<b>4. Medical Program Director Recommendation</b>	
I verify that the applicant has a current SEI or SEIC and demonstrated proficiency in performing skills at the level of certification that the applicant will be evaluating and that the applicant is current in continuing education requirements for his/her primary certification.	
<input type="checkbox"/> I recommend this applicants' affiliation with the training program in section 1	
<input type="checkbox"/> I do not recommend this applicants' affiliation with the training program in section 1	
Printed name of County MPD: _____	
MPD Original Signature: _____	Date: _____

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).