



Emergency Medical Services Training Program Application Packet

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In order to process your request:

**Mail your application and
other documents to:**

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

Contact us:

360-236-4700

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.

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Application Instructions Checklist

When the department receives your application for approval as a emergency medical services training program it will be reviewed. You will be notified in writing of any outstanding documentation needed to complete the process.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the correct required forms.

Select the type of application you are applying for on the first page of the application:

- **Initial Application**—First time requesting approval as an EMS training program.
- **Renewal of a current program**—Renew an EMS training program
- **Amendment of Current Program**—Request select changes to the program operation or information identified on the form. Select all that apply.

Legal Entity Type: check your legal owner/operator business structure type according to your Washington State Master Business License. You can find additional information on the [Department of Revenue website](#).

1. Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #s. City, county, and state government departments also have UBI #s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone, Fax and Cell Numbers: Enter the owner's phone, cell, and fax numbers.

Email and Web Address: Enter the owner's email and facility Web addresses, if applicable.

Facility/Service Name: Enter the service's name as advertised on signs, brochures, or Web site.

Physical Address: Enter the service's physical street location including city, state, zip code, and county.

Phone, Fax and Cell Numbers: Enter the facility's phone, cell, and fax numbers.

Mailing Address: Enter the facility's mailing address, if different than the physical address.

2. Organization Type:

Check the type of organization providing the training.

Note: The Private Vocational School Act, [RCW 28C.10](#), requires private, non-degree granting training entities to be licensed by the Workforce Training and Education Coordinating Board, Private Vocational School Licensing before educational services can be offered.

Training programs must contact the Workforce Training and Education Coordinating Board to determine if they need to be a licensed Private Vocational School.

Contact the Private Vocational School Licensing Division at (360) 709-4642, or visit their web site at www.wtb.wa.gov.

3. EMS Training Level(s):

Indicate all levels of EMS Education you are applying to provide. Select all that apply.

4. Applying Organization Attestation:

The training program director must sign and date this section.

5. Local Council Recommendation:

The local EMS Council must review the application and provide answers to the questions provided. The Council Chair must then print and sign his or her name and enter the date. In the absence of a local EMS council, the regional EMS and trauma care council may provide such review. Submit all documentation and attachments with the application.

6. County Medical Program Director Recommendation:

The County Medical Program Director must sign and date this section.

Required Attachments:

All programs must provide the following documents with your application. See the [Training Program Handbook](#).

Please label each section with addendum A, B, C, D, or E.

A. Program Operational Policies and Standards:

Submit program operational policies, standards, and guidance that meets the minimum requirements listed in the EMS Training Program and Instructor Manual ([DOH 530-126](#))

B. An example of a certificate or letter of completion meeting the Department requirements. Certificate of completion minimum requirements listed in the EMS Training Program and Instructor Manual ([DOH 530-126](#)). See the Department of Health website for a sample document.

C. A student handbook:

- Submitted for each level of EMS training conducted that meets the minimum requirements listed in the EMS Training Program and Instructor Manual ([DOH 530-126](#))

D. Explain the need for a new or additional EMS Training Program:

- Applicants must justify the need to begin a new additional EMS Training Program in the county or area in writing for review by the Local or Regional EMS Council.

E. CAAHEP Accreditation:

Paramedic programs must maintain CAAHEP accreditation. New paramedic training program applicants must include the CoAEMSP Letter Of Review (LOR) or proof of CAAHEP accreditation with this application. AEMT CAAHEP accreditation is optional.

If you are applying to obtain approval as a new paramedic training program, you must also complete the following:

The Department of Health (department) approves EMS Training programs in Washington State and requires paramedic training programs be accredited by the Committee on Accreditation of Allied Health Education Programs (CAAHEP). The Committee on Accreditation of Educational Programs for the EMS-Professional (CoAEMSP) conducts the review and site visit for CAAHEP.

For students that begin paramedic training on or after January 1, 2013, the National Registry of EMTs (NREMT) requires paramedic candidates to successfully complete a course from a program that is fully accredited by the Commission on the Accreditation of EMS Programs (CoAEMSP); or has a Letter of Review (LOR) issued by CoAEMSP.

The LOR is the official designation that a Paramedic program is in the “Becoming Accredited” process. A copy of the training program’s LOR must accompany this application.

To Begin the Accreditation Process:

For technical assistance in completing the application process, contact the Department of Health’s Office of Community Health Systems, EMS and Trauma Section at (360) 236-2840.

1. Go to www.caahep.org to complete the Request for Accreditation Services prior to submitting the Initial-Accreditation Self Study Report (ISSR) or the Letter of Review Self Study Report (LSSR).
2. Contact CoAEMSP at 214-703-8445 to obtain all requirements for obtaining the LOR and receiving formal accreditation. Additional information about receiving accreditation is on the CoAEMSP website at: http://www.coaemsp.org/Becoming_Accredited.htm.
3. Do not start a paramedic-training course without an LOR or full accreditation. Students cannot complete the NREMT paramedic examinations if your program

is not accredited or does not have an LOR. Additionally, students will not meet the education and examination requirements for paramedic certification in Washington State.

To apply for paramedic training program approval:

- Complete an EMS Training Program Application.
- Provide the application and all attachments to the Local EMS and Trauma Care Council, or if one does not exist, the Regional EMS and Trauma Care Council, and the County Medical Program Director (MPD) for review and recommendation. New paramedic training program applicants must also include the CoAEMSP Letter Of Review (LOR) or proof of CAAHEP accreditation with this application.
- The Local EMS and Trauma Care Council and the County Medical Program Director must review the EMS Training Program Application, review all attachments and make recommendations, and sign the application.
- Submit formal request to CoAEMSP to receive accreditation.

Date
Stamp
Here

Emergency Medical Services Training Program Application

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

Legal Entity Type

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> State Government Agency |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership | |

1. Demographic Information

UBI #	Federal Tax ID (FEIN) #
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Legal Owner/Operator Name

Mailing Address

City	State	Zip Code	County
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Facility/Service Name (Business name as advertised on signs or Web site)

Physical Address

City	State	Zip Code	County
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Facility Phone (enter 10 digit #)	Cell (enter 10 digit #)	Fax (enter 10 digit #)
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Mailing Address

City	State	Zip Code	County
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2. Organization Type (check one that best applies to your organization):

- | | |
|---|--|
| <input type="checkbox"/> Local EMS Council | <input type="checkbox"/> Optional Organization - Local EMS Council is unable to conduct a training program and recommends this entity. |
| <input type="checkbox"/> Regional EMS Council | <input type="checkbox"/> Optional Organization - Local EMS Council does not exist and Regional EMS Council recommends this entity. |
| <input type="checkbox"/> County EMS Office | |
| <input type="checkbox"/> College/University/Vocational School | |
| <input type="checkbox"/> Private School | |

Note: The Private Vocational School Act, [RCW 28C.10](#), requires private, non-degree granting training entities to be licensed by the Workforce Training and Education Coordinating Board, Private Vocational School Licensing before educational services can be offered. To determine if these laws affect you, please contact the Private Vocational School Licensing Division at (360) 709-4642, or visit their web site at www.wtb.wa.gov.

3. Training Levels

Please indicate the levels of EMS education you are applying to provide.

- | | |
|---|---|
| <input type="checkbox"/> Emergency Medical Responder (EMR) | <input type="checkbox"/> EMT Supraglottic (SGA) endorsement courses |
| <input type="checkbox"/> Emergency Medical Technician (EMT) | <input type="checkbox"/> EMT IV therapy endorsement courses |
| <input type="checkbox"/> Advanced Emergency Medical Technician (AEMT) | <input type="checkbox"/> EMS evaluator (ESE) courses |
| <input type="checkbox"/> Paramedic—currently accredited | <input type="checkbox"/> SEI courses |
| <input type="checkbox"/> Paramedic—Letter of Review | <input type="checkbox"/> Refresher courses |

4. Applying Organization Attestation:

I /we hereby affirm and declare the information provided is true and correct; that fraudulent information is sufficient cause for denial of the Training Program Application or subsequent revocation of program approval.

In addition, I/we agree to:

- Conduct EMS training following requirements set forth in [WAC 246-976](#) and the state approved EMS Training Program and Instructor Manual;
- Assure EMS training is conducted using current National EMS Educational Standards, the National EMS Scope of Practice Model, National EMS Instructor Guidelines, state approved practical skills examinations, and Washington State Approved Skills and Procedures for Certified EMS Providers ([DOH 530-173](#));
- Register with the NREMT for student examination purposes.
- Contact the Washington workforce training and education board to determine if the EMS training program is subject to private vocational school requirements;
- Provide the department, MPD, or MPD delegate access to all course related materials upon request;
- Participate in educational planning conducted by local and regional EMS and trauma care councils.

Program Director Name

Credential Number (if applicable)

Business Phone Number

Alternate Phone Number

Email Address

Program Director Signature

Date (mm/dd/yyyy)

If you are applying for paramedic training program approval, you must also attest to the following:

- Complete accreditation following CAAHEP Standards and Guidelines.
- Provide copies of any written or electronic communications to or from CAAHEP or CoAEMSP to the EMS and Trauma Section.
- Notify and invite a representative from the EMS and Trauma Section to be included in the scheduled CoAEMSP on-site visitations.

Program Director Signature	Date (mm/dd/yyyy)
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5. Local Council Recommendation: (required for all applications)

For new programs, has the applicant demonstrated the need for a new or additional EMS Training Program in the area for the training levels indicated? Yes No N/A
If no, attach an explanation.

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

Printed name of Local EMS Council Chair

Email Address	Phone Number
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Signature of Local EMS Council Chair	Date (mm/dd/yyyy)
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6. County Medical Program Director Recommendation:

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).

Printed name of County Medical Program Director	Credential #
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Signature of County Medical Program Director	Date (mm/dd/yyyy)
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RCW/WAC and Online Website Links

RCW/WAC Links

[Emergency Medical Services and Trauma System Laws, RCW 18.71](#)

[Emergency Medical Services and Trauma System Laws, RCW 18.73](#)

[Emergency Medical Services and Trauma System Rules, WAC 246-976](#)

Online

[Emergency Medical Services and Trauma System Web Page](#)