

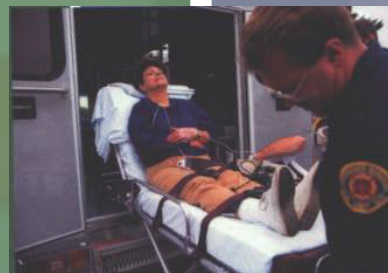
2010

# EMT - Intermediate

## YCDEMS Presents: EMT- Intermediate

**Start Date:** 04/05/10  
**Class Dates:** Monday and Wednesday  
8:30 AM—3 PM  
**Course Location:** YCDEMS Theater  
5110 Tieton Dr.  
Yakima, WA. 98908

For more information, or to register please contact  
YCDEMS at 509-966-5175  
or download course applications from our website at  
[www.yakimacountyems.com](http://www.yakimacountyems.com).





**Yakima County Department of EMS**  
 5110 Tieton Drive, Suite 370  
 Yakima, WA 98908  
 (509) 966-5175 FAX: 966-5176

## Application for IV or ILS Technician Training

(please see course requirements at bottom)

<b>Personal Data</b>	Year:	Course:	<input type="checkbox"/> IV w/Combitube & King Airways	<input type="checkbox"/> ILS Technician w/Combitube & King Airways
	Name (Last, First, MI)			Date:

Social Security Number:	Current Certification (if applicable):
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Birthdate:	Age:	Home Phone ( )	Message Phone ( )
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E-Mail:
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Mailing Address:
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Street Address (if different):
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City:	State:	Zip Code:
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<b>EMS Agency Data</b>
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EMS Agency Affiliation:	<input type="checkbox"/> None
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Fire Chief or Supervisor:	Daytime Phone: ( )
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<b>Who will provide professional liability insurance and health insurance that covers student?</b>
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<input type="checkbox"/> EMS Agency	<input type="checkbox"/> Self
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<b>Approval/Certification Signature</b>
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I, the undersigned, hereby approve attendance to this training course by the individual named on this application. As an employee or member of our organization, a background check, and drug screening has been completed on the individual. This individual has received his/her Hepatitis B Vaccination (at least 2 or 3 shots). This individual will also have professional liability and health insurance while involved in any training activities or clinical experiences.

Fire Chief or Supervisor:	Date:
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<b>Method of Payment</b>
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<input type="checkbox"/> Bill to EMS Organization	<input type="checkbox"/> Applicant will Pay by First Night of Class
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<i>(office use only)</i>	
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Date Received: _____	Comments: _____
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Tuition Amount Owed: _____	Tuition Amount Paid: _____
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<b>Course Requirements:</b>
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- Must be certified as an EMT-B for at least 1 year and be current in required CME/OTEP – all applicants**
- Copy NIMS Certificates for 100.a, 200.a, 700 and 800.b – **all applicants**
- Copy of Current Driver's License or other photo identification, **must** be 18 years old at beginning of course – **all applicants**
- Proof of Hepatitis B Vaccination, at least 2 of 3 shots or completed declination form – **non-affiliates only**
- Copy of Health Insurance that covers applicant – **non-affiliates only**
- Copy of Professional Liability Insurance – **non-affiliates only**
- Proof of background check performed by the Washington State Patrol – **non-affiliates only**
- Proof of a drug screening performed by a certified lab – **non-affiliates only**