

**Yakima County Department of EMS**

5110 Tieton Drive, Suite 370

Yakima, WA 98908

(509) 966-5175 FAX: 966-5176

Application for EMT Training

(please see course requirements at bottom)

Personal Data	Shirt Size _____	Course:	<input type="checkbox"/> Winter _____ Year	<input type="checkbox"/> Spring _____ Year
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Name (Last, First, MI)	Date:
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Social Security Number:	Current Certification (if applicable):
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Birthdate:	Age:	Home Phone ()	Message Phone ()
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E-Mail:

Mailing Address:

Street Address (if different):

City:	State:	Zip Code:
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EMS Agency Data

EMS Agency Affiliation:	<input type="checkbox"/> None
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Fire Chief or Supervisor:	Daytime Phone: ()
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Agency Mailing Address:

E-Mail:

Who will provide professional liability insurance and health insurance that covers student?

<input type="checkbox"/> EMS Agency	<input type="checkbox"/> Self
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Approval/Certification Signature

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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Method of Payment

<input type="checkbox"/> Bill to EMS Organization	<input type="checkbox"/> Applicant will Pay by First Night of Class
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(office use only)

Date Received: _____	Comments: _____
Tuition Amount Owed: _____	Tuition Amount Paid: _____

Course Requirements:

- Copy NIMS Certificates for IS-100.b, IS-200.b, IS-700.a and IS-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**
- Copy of High School Diploma or GED, **must** have completed high school or GED 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**