



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

## Application for IV Training

(please see course requirements at bottom)

<b>Personal Data</b>		Year:	Course:	<input type="checkbox"/> IV w/Advanced Airway	
Name (Last, First, MI)			Date:		
Social Security Number:		Current Certification (if applicable):			
Birthdate:	Age:	Home Phone ( )		Message Phone ( )	
E-Mail:					
Mailing Address:					
Street Address (if different):					
City:			State:	Zip Code:	
<b>EMS Agency Data</b>					
EMS Agency Affiliation:				<input type="checkbox"/> None	
Fire Chief or Supervisor:			Daytime Phone: ( )		
Agency Mailing Address:					
E-Mail:					
<b>Who will provide professional liability insurance and health insurance that covers student?</b>					
<input type="checkbox"/> EMS Agency			<input type="checkbox"/> Self		
<b>Approval/Certification Signature</b>					
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:		
<b>Method of Payment</b>					
<input type="checkbox"/> Bill to EMS Organization			<input type="checkbox"/> Applicant will Pay by First Night of Class		
<i>(office use only)</i>					
Date Received: _____ Comments: _____					
Tuition Amount Owed: _____ Tuition Amount Paid: _____					
<b>Course Requirements:</b>					
<input type="checkbox"/> <b>Must be certified as an EMT for at least 1 year and be current in required CME/OTEP – all applicants</b>					
<input type="checkbox"/> Copy NIMS Certificates for IS-100.b, IS-200.b, IS-700.a and IS-800.b – <b>all applicants</b>					
<input type="checkbox"/> Copy of Current Driver's License or other photo identification, <b>must</b> be 18 years old at beginning of course – <b>all applicants</b>					
<input type="checkbox"/> Proof of Hepatitis B Vaccination, at least 2 of 3 shots or completed declination form – <b>non-affiliates only</b>					
<input type="checkbox"/> Copy of Health Insurance that covers applicant – <b>non-affiliates only</b>					
<input type="checkbox"/> Copy of Professional Liability Insurance – <b>non-affiliates only</b>					
<input type="checkbox"/> Proof of background check performed by the Washington State Patrol – <b>non-affiliates only</b>					
<input type="checkbox"/> Proof of a drug screening performed by a certified lab – <b>non-affiliates only</b>					