



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

Application for EMT-B Training

(please see course requirements at bottom)

Personal Data | Shirt Size _____ | Course: Winter _____ Year | Spring _____ Year

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: _____

EMS Agency Data

EMS Agency Affiliation: _____ | None

Fire Chief or Supervisor: _____ | Daytime Phone: () _____

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

EMS Agency | Self

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: _____

Method of Payment

Bill to EMS Organization | Applicant will Pay by First Night of Class

(office use only)

Date Received: _____ | Comments: _____

Tuition Amount Owed: _____ | Tuition Amount Paid: _____

Course Requirements:

- 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**
- 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**