Spokane County Fire District 9
Emergency Medical Technician with
Supraglottic Airway Course

Date: January 9<sup>th</sup>- March 30<sup>th</sup>, 2024

Days: Online Hybrid Class with 12 class room sessions every Tuesday (1800-2200)
      Final practical March 30th (08-1700)

Location: SCFD 9, Station 92, 3801 E. Farwell Rd. Mead, WA 99021

Requirements to take EMT Class:
1. 18 Years of age at the beginning of the EMT Course
2. Have a High School Diploma, equivalency qualification or a variance issued by the
   Department of Health
3. Must be able to perform the normal functions of an EMT
4. Able to successfully complete a criminal background check
5. Have computer with internet access

Eligible for certification as an EMT in the State of Washington:
1. Complete all training requirements
2. Be a member of one of the following emergency services agencies in the State of
   Washington.
   a. Fire Service
   b. Ambulance Service
   c. Aid Vehicle Service
   d. Law Enforcement Agency
   e. Military or Civilian personnel providing search and rescue to the general public
   f. Affiliate Agency of local Emergency Medical Services Council
3. Possess a current Health Care Provider CPR Card or equivalent (CPR training will
   be available first day of class)

FEE: Tuition $500.00
     Mybrady Online (Approx.) $110.00 (will purchase with link upon acceptance)
     Optional Book $60, NREMT Test (Approx.) $100

REGISTRATION: Closes December 29th, 2023 Email: JReid@scfd9.org
               Acceptance notification by January 2nd, 2024

COORDINATOR: Jeff Reid       CPT Firefighter/Paramedic    (509) 466-4602

LEADINSTRUCTOR: Austin Pea   Firefighter/Paramedic      (509) 434-6967
Spokane County Fire District 9
Emergency Medical Technician
Course Application

Date ______/_____/_____

1. General Information:

Name: __________________________________________________________________________

Last                                              First                                                Middle

Mailing Address: ____________________________________________ Street                                   City
(Permanent)                      State                 Zip

Telephone:____________________________       Over 18 Years of Age?  Yes___ No___

High School Graduate or G.E.D?  Yes___ No___ Year______ Date of Birth: ______/______/_______

Social Security # _______/________/_________   E-mail:______________________________________________

Physical Limitations: ________________________________________________________________

Driver’s License #_________________ State: __________________

A COPY OF PHOTO ID MUST ACCOMPANY THIS APPLICATION

List Other Medical Training and Experience:____________________________________________________

____________________________________________________________________________________

Reason for Taking this Course:______________________________________________________________

____________________________________________________________________________________

2. AGENCY AFFILIATION:

District / Dept. / Agency: ________________________________________________________________

Mailing Address: ________________________________________________________________

Chief / Training Officer / Supervisor Signature: ____________________________________________
3. **Registration Procedure:**

Completion of this application DOES NOT guarantee acceptance to the course. Accepted applicants will be notified by the course instructor. All course fees are due the first scheduled class unless prior arrangements have been discussed with the instructor.

*Course fees will not be refunded after the first scheduled class.*

**IMPORTANT: ALL APPLICANTS MUST READ AND SIGN. APPLICATIONS THAT ARE NOT SIGNED WILL NOT BE ACCEPTED!**

**QUALIFICATIONS FOR ENTERING EMT-B TRAINING**

4. **ALL individuals applying for admission to a Washington State Emergency Medical Services training course must meet all of the following requirements.**
   a. 18 Years of age at the beginning of the EMT Course; and
   b. Have a High School Diploma, equivalency qualification or a variance issued by the Department of Health; and
   c. Must be able to perform the normal functions of an EMT; and
   d. Able to successfully complete a criminal background check

5. **To be eligible for certification as an EMT in the State of Washington you must:**
   a. Complete all training requirements
   b. Be a member of one of the following emergency services agencies in the State of Washington.
      i. Fire Service
      ii. Ambulance Service
      iii. Aid Vehicle Service
      iv. Law Enforcement Agency
      v. Military or Civilian personnel providing search and rescue to the general public
      vi. Affiliate Agency of local Emergency Medical Services Council
   c. **Possess a current Health Care Provider CPR Card or equivalent**

If you are not an active member in one of the emergency medical service areas listed above, and if you have not become an active member of an emergency medical services agency, who possesses an agency identification number issued by the Department of Health, within 6 months after completion of the course, you will not receive a certification, and you may be required to re-take the National Registry written and practical examinations. In addition, if you fail to become an active member of an agency previously mentioned within 12 months following course completion, you may be required to repeat the entire course prior to certification.

**PLEASE READ AND SIGN:** I have read and understand all the requirements for:
   a. Enrollment in this EMT Course
   b. EMT Certification in the State of Washington
   c. Class fees are due the first day of class
   d. Class fees will not be refunded after the first day of class

**APPLICANT SIGNATURE____________________________________________DATE________________**

**RETURN COMPLETED APPLICATION TO:**  Spokane County Fire District # 9
                                           ATTN: Jeff Reid EMS Captain Paramedic
                                           3801 E. Farwell Rd. Mead WA 99021
                                           Office (509) 466-4602
                                           Fax (509) 466-4698
                                           Email jreid@scfd9.org