

Spokane County Fire District 9

Emergency Medical Technician

Course Application

Date ____/____/____

1. General Information:

Name: _____
Last First Middle

Mailing Address: _____
(Permanent) Street City 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: _____

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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 ACCPETED!

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 Lt. Paramedic
3801 E. Farwell Rd. Mead WA 99021
Office (509) 466-4602
Fax (509) 466-4698
Email jreid@scfd9.org**