



**EMERGENCY MEDICAL SERVICES  
DEPARTMENT OF EMERGENCY MANAGEMENT**

2501 South 35<sup>th</sup> Street Suite 'D'; Tacoma WA 98409-7405; PHONE: (253)798-7722 FAX: (253)798-2200

**PARAMEDIC (NEW GRAD < 6mo)  
INITIAL CERTIFICATION REQUIREMENTS  
CHECK-OFF SHEET  
Washington State Trained  
(all items to be submitted to EMS Coordinator for review)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone (work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Required Documents	Yes	No
State of Washington Individual Certification Registry Initial Application		
Paramedic Training Certificate		
Trauma Training Certificate		
ACLS Providers (or ASHI) Card		
<i>Infectious Disease Prevention for EMS Providers</i> 4-hr training (rev. 10/97)		
NREMT-Paramedic Certificate		
NREMT-Paramedic Card		
Valid State Driver's License		
Proof of current Pierce County Patient Care Protocols & AHA handbook		
Pierce County Protocol Test		

Appointment with Dr. Waffle: (Date) \_\_\_\_\_ (Time) \_\_\_\_\_

Reviewer of File \_\_\_\_\_ (Date) \_\_\_\_\_



**EMERGENCY MEDICAL SERVICES  
DEPARTMENT OF EMERGENCY MANAGEMENT**

2501 South 35<sup>th</sup> Street Suite 'D'; Tacoma WA 98409-7405; PHONE: (253)798-7722 FAX: (253)798-2200

**PARAMEDIC (NEW GRAD < 6mo)  
INITIAL CERTIFICATION REQUIREMENTS  
CHECK-OFF SHEET  
Other Than Washington State Trained  
(all items to be submitted to EMS Coordinator for review)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone (work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Required Documents	Yes	No
State of Washington Individual Certification Registry Initial Application		
Paramedic Training Certificate		
Trauma Training Certificate		
Pediatric Training Certificate (not mandatory)		
ACLS Providers (or ASHI) Card		
WA State Amended Paramedic Training Program Unit Terminal Objectives Affidavit		
<i>Infectious Disease Prevention for EMS Providers</i> 4-hr training (rev. 10/97)		
NREMT-Paramedic Certificate		
NREMT-Paramedic Card		
Valid State Driver's License		
Proof of current Pierce County Patient Care Protocols & AHA handbook		
Pierce County Protocol Test		

Appointment with Dr. Waffle: (Date) \_\_\_\_\_ (Time) \_\_\_\_\_

Reviewer of File \_\_\_\_\_ (Date) \_\_\_\_\_



**EMERGENCY MEDICAL SERVICES  
DEPARTMENT OF EMERGENCY MANAGEMENT**

2501 South 35<sup>th</sup> Street Suite 'D'; Tacoma WA 98409-7405; PHONE: (253)798-7722 FAX: (253)798-2200

# FR/EMT INITIAL CERTIFICATION REQUIREMENTS

## CHECK-OFF SHEET

(all items to be submitted to EMS Coordinator for review)

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone (work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Requirements	FR	EMT
State of Washington Individual Certification Registry Initial Application		
Valid Driver's License ( <b>readable</b> copy) or other photo ID w/birth date visible		
<b>Course Completion Form</b> (copy of Form DOH 530-022) or <b>Course Certificate</b> – w/WA State DOH course # on it		
Written Exam Score		
Acknowledgement of Receipt form – Pierce County Patient Care Protocol book		
\$30.00 Check or Money Order Filing/Application Fee made out to PCEMS Office		

Submit paperwork to PCEMS Office:

2501 South 35<sup>th</sup> Street Suite 'D'  
Tacoma WA 98409-7405  
Phone 253-798-7722



EMERGENCY MEDICAL SERVICES
DEPARTMENT OF EMERGENCY MANAGEMENT

2501 South 35th Street Suite 'D'; Tacoma WA 98409-7405; PHONE: (253)798-7722 FAX: (253)798-2200

FR/EMT CHALLENGE

(You have never been certified at this level by any state or by National Registry of EMTs)

DOCUMENTATION REQUIREMENTS

CHECK-OFF SHEET

(all items to be submitted to Pierce County EMS Coordinator for review)

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone (work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Table with 3 columns: Requirements, FR, EMT. Rows include: State of Washington Individual Certification Registry Initial Application, Documentation that applicant has passed a First Responder/EMT DOT equivalent course, Course outline or syllabus from original training center, Infectious Disease Prevention for EMS Providers 4-hr training, Washington State Specific Objective (WSSO) Affirmation Statement, Copy of valid Driver's License or other photo ID, Proof of Pierce County Patient Care Protocols, Practical test (as needed & may be accomplished through agency), Written test will be scheduled upon approval of course.