



**EMERGENCY MEDICAL SERVICES  
DEPARTMENT OF EMERGENCY MANAGEMENT**

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

**PARAMEDIC OUT OF STATE RECIPROCITY  
DOCUMENTATION REQUIREMENTS  
CHECK-OFF SHEET  
(all items to be submitted to EMS Coordinator for review)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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

Required Documents	Completed
State of Washington "Out-Of-State" Certification Application	
✓ Copy of course completion certificate/letter	
✓ Proof of NREMT-P (copy of card)	
✓ Proof of NREMT-P (copy of certificate)	
✓ <i>Infectious Disease Prevention for EMS Providers</i> (rev. 10/97) 4 hour training	
✓ Copy of current state card, if applicable	
✓ WA State Amended National Standard Paramedic Curriculum: Signed WA State Specific Objectives Affidavit	
✓ Driver's license with photo <i>OR</i> another form of photo ID	
Washington State paramedic exam (NA if NR test ≤18 mo. old)	
Pierce County Protocol exam	
Recommendation: previous Medical Advisor; <i>OR</i> provide a letter from a field ALS technician who is knowledgeable regarding the skills and capabilities of the applicant (NA if <6 mo. grad but must show CME for last 6 mo.)	
ET/IV proficiency form from Agency Training Physician	
ACLS Provider (or ASHI), expired _____	
Trauma training within last 3 years; attended _____, expired _____	
Pediatric Course (not mandatory); attended _____, expired _____	
Proof of current Pierce County Patient Care Protocols & AHA handbook	

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

Reviewer of file \_\_\_\_\_ (Date) \_\_\_\_\_

Documentation mailed to the State (Date) \_\_\_\_\_ (By) \_\_\_\_\_



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**PARAMEDIC IN-STATE RECIPROCITY  
DOCUMENTATION REQUIREMENTS  
CHECK-OFF SHEET  
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Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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

Required Documents	Yes
State of Washington Personal Status Changes Application	
Copy of course completion certificate	
Proof of NREMT-P (copy of certificate <i>or</i> card-even if it is expired)	
<del>Infectious Disease Prevention for EMS Providers 4 hr training (rev. 10/97)</del>	NA- Already WA State
Current Washington state paramedic card (copy of card)	
<del>WA State Amended Paramedic Training Program Unit Terminal Objectives Affidavit</del>	NA- Already WA State
Driver's license with photo <i>OR</i> another form of photo ID	
<del>Washington State paramedic exam (NA if NR test <math>\leq</math> 18 mo. old)</del>	NA- Already WA State
Pierce County Protocol exam	
Recommendation: previous Medical Advisor; <i>OR</i> provide a letter from a field ALS technician who is knowledgeable regarding the skills and capabilities of the applicant (NA if <6 mo. grad but must show CME for last 6 mo.)	
ET/IV proficiency form from Agency Training Physician	
ACLS Provider (or ASHI), expired _____	
Trauma training within last 3 years; attended _____, expired _____	
Pediatric Course (not mandatory); attended _____, expired _____	
Proof of current Pierce County Patient Care Protocols & AHA handbook	

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

Reviewer of file \_\_\_\_\_ (Date) \_\_\_\_\_

Documentation mailed to the State (Date) \_\_\_\_\_ (By) \_\_\_\_\_



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**FR/EMT CHALLENGE**

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

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CHECK-OFF SHEET**

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Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

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

Requirements	EMT	FR
State of Washington Initial Certification Application (original forms only)		
* Documentation that applicant has passed the FR/EMT DOT equivalent course, with course location & date of course completion annotated (certificate or letter)		
* Course outline or syllabus from original training center (course must be equal to Washington State standards)		
* <i>Infectious Disease Prevention for EMS Providers</i> 4-hr training (rev. 10/97) or equivalent approved by State of Washington OEMTP (certificate copy)		
* <i>Washington State Specific Objectives (WSSO)</i> Affirmation Statement (last page of WSSOs)		
* Copy of valid Driver's License or other photo ID		
Proof of current Pierce County Patient Care Protocols		
Practical test, if current state/NR certification is < 1 year from expiration (may be accomplished through agency)		
Written test will be scheduled upon approval of course Date: _____ Time: _____ Score: _____		

\* These items must be submitted to our office as soon as possible for approval to take the State exam.



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**FR/EMT RECIPROCITY  
DOCUMENTATION REQUIREMENTS  
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(all items to be submitted to Pierce County EMS Coordinator for review)

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

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

Requirements	EMT	FR
State of Washington Out-Of-State Certification Application (original forms only)		
* Documentation that applicant has passed the course, with course location & date of course completion annotated (certificate or letter)		
* <i>Infectious Disease Prevention for EMS Providers</i> 4-hr training (rev. 10/97) or equivalent approved by State of Washington OEMTP (certificate copy)		
* <i>Washington State Specific Objectives (WSSO)</i> Affirmation Statement (last page of WSSOs)		
* Copy of current state/NR EMT card		
* Copy of valid Driver's License or other photo ID		
Proof of current Pierce County Patient Care Protocols		
Practical test, if current state/NR certification is < 1 year from expiration (may be accomplished through agency)		
Written test will be scheduled upon approval of course Date: _____ Time: _____ Score: _____		

\* These items must be submitted to our office as soon as possible for approval to take the State exam.