

Pierce County Emergency Medical Services Office

Individual Paramedic Declaration of Method to Satisfy ET Intubation Requirements for Recertification

I, _____, intend to satisfy my endotracheal intubation
[Print Name]

requirements by utilizing the following method (choose only one):

Initial:

<p>Traditional CME method as outlined in WAC 246-976-161- requiring placement of 12 endotracheal tubes (50% performed on humans) during second and subsequent recertification periods; or OTEP method as outlined in WAC 246-976-161-requiring placement of 6 endotracheal tubes (100% performed on humans) during second and subsequent recertification periods.</p>

OR

Initial:

<p>Pierce County EMS Office approved Paramedic Airway Management Pilot Project. I understand that utilizing this method obliges me to successfully complete the initial airway management course within six months of signing this, along with annual skills refresher training. Failure to complete the P.C. Paramedic Airway Management Course will result in immediate suspension of my ALS privileges until I am successfully remediated and retested by my agency's EMS Training Physician and Paramedic Airway Management Course instructors.</p>

Paramedic Name (printed)	EMS Provider Agency Name
Paramedic Signature	Date
Paramedic Initial Certification Date	State DOH/EMS Paramedic Credential Number

Note: a copy of this completed form must be kept on file by the paramedic's EMS provider agency.

<p>Only EMT-Ps who have completed at least one certification period in Washington (or reciprocity candidates who have been credentialed three or more years in another state) are eligible to utilize the P.C. Paramedic Airway Management Course to satisfy ET intubation requirements for their recertification as Pierce County paramedics.</p>
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