



**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 UPGRADE or INITIAL (New Grad < 12mo)  
(Trained inside State of Washington at WA DOH Credentialed Training Program)  
DOCUMENTATION REQUIREMENTS  
CHECK-OFF SHEET**

**(all items to be submitted to Pierce County EMS Coordinator for review - address in header above)**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Agency \_\_\_\_\_

Required Documents	Yes
State of Washington DOH 'Initial, etc' Certification Application: mark the 'Upgrade' box if a currently WA certified EMT; or mark 'Initial' box if not a currently WA certified EMT (forms with original signatures > not copied)	
Copy of valid Proof of Identity as outlined on the DOH certification application, i.e. driver's license photo, passport, or military ID	
Copy of documentation that applicant has passed a Paramedic course, with course location, date of course completion, and WA DOH/EMS Course # annotated (Training Program certificate or letter)	
Copy of current NREMT- Paramedic wallet card expires:	
Copy of NREMT- Paramedic "8x11" certificate	
Copy of current ACLS Provider (or ASHI) Card expires:	
Copy of Pediatric Training (equivalent to 'PALS'- may be annotated within the completion letter)	
Copy of Trauma Training (equivalent to 'PHTLS'- may be annotated within the completion letter)	
Acknowledgement of Receipt form - Proof of current Pierce County EMS Procedures & Patient Care Protocols and AHA handbook	
* <i>PCEMS Office Use:</i> Pierce County Protocol Test	
* <i>PCEMS Office Use:</i> Check 'Provider Credential Search' for pending actions	

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



Pierce County

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