



**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

**EMR & EMT INITIAL
(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 'Initial' box (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 an EMR or EMT course within past 2 years(dependent on level of certification being sought), with course location, date of course completion, and WA DOH/EMS Course # annotated (Training Program certificate or letter) | |
| Copy of current NREMT- EMR or EMT (dependent on level of certification being sought) wallet card | |
| Copy of NREMT- EMR or EMT (dependent on level of certification being sought) "8x11" certificate (shows test date††) ††may have to take NR exam | |
| †† Must take NREMT cognitive 'Assessment' exam if previous NR test is greater than 24 months old | |
| Acknowledgement of Receipt form – Proof of current Pierce County EMS Procedures & Patient Care Protocols | |
| * <i>PCEMS Office Use:</i> Check 'Provider Credential Search' for pending actions | |