Kitsap County EMS Council
EMT-BASIC TRAINING COURSE APPLICATION

1. Applicant Name _____
   Last First Middle

   Mailing Address _____
   Street City State Zip

   Telephone _____
   Home Work

   Email address _____ SSN _____

2. Qualifications for acceptance to a Washington State EMT-B class are:
   A. You must be 17 years of age at the beginning of the course.
   B. At least enrolled in high school with academic advisor letter and a sponsoring agency.
   C. You must have successfully completed a Health Care Provider (HCP) CPR course or equivalent and submit copy before start of class.
   D. You must have submitted Accuplacer scores or equivalent proof of adequate reading comprehension before start of class.
   E. You must submit Washington State Patrol Background Check from agency or submit "*Request for Conviction Criminal History Record*" form on the first day of class.
   F. Members of stake holder organization within Kitsap County EMS and Trauma Care Council will have priority placement into the EMT course.

3. Agency Affiliation: Please provide the following information for the agency sponsoring your attendance in the course.

   Agency Name _____ Phone _____

   Mailing Address _____

4. Registration Procedures: Completion of this application does not guarantee admission to the EMT-Basic class. Applications will be reviewed and information verified. Applicants shall be notified by mail or phone regarding their acceptance to the class.

5. Sponsoring agency signature:

   Chief/Supervisor _____
   Print Signature Date

I have read and understand all of the above requirements that are mandatory for my enrollment in an EMT-B training class.

Signature _____ Date _____

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