



KITSAP COUNTY EMS ONBOARDING TARGET PERSONAL DATA FORM

PARAMEDIC

EMT

Name: _____ Date: _____

WA DOH EMS Credential # _____ Exp. Date: _____

The email you look at: _____

Phone Number: _____

Who is going to be your primary county affiliation?

Kitsap: _____ Other: _____

I understand I cannot provide independent patient care, until I have passed my protocol test, received my DOH credential and appear on my agency roster.

I understand passing score for the protocol test is 80%. If I fail the test, per policy I must wait 7-21 days to retake the test again. I understand this test is a proctored closed book exam, which I need to contact my medical officer to administer.

I have attached proof of training if coming another county in Washington State.

I understand I will be responsible for Kitsap County Training. I have attached proof of the below training.

ACLS: _____

PALS: _____

SGA: _____

Travis: _____

I already have a Target account: Agency _____

EMS PROVIDER Signature: _____

Please send application to: training@kitsapcountyems.org