



# Kitsap County EMS & Trauma Council

## EMS Evaluator Initial & Refresher Course

### EMS Training Application

Class applying for 2021 EMS EVALUATOR INTIAL AND REFRESHER COURSE

Student Name (*First, Middle Initial, Last*) \_\_\_\_\_

EMS Credential number: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to attend the course as: Initial Course  Refresher Course

I wish to attend: September 21st

• **ACCEPTANCE OF FINANCIAL RESPONSIBILITY: (Signature Required)**

Cost: \$60 per student

Billing email: \_\_\_\_\_

Responsible party for payment Signature (required) \_\_\_\_\_

\*Invoices will be sent to the above email the day after the deadline.

To complete the application student must acknowledge the following:

YES	NO	
		I have the physical ability to perform the skills station
		EMT must have completed at least one certification cycle (3years)- <b>if not please fill out a request for variance.</b>
		I am currently an EMS Evaluator
		<b>I AM taking this class as a refresher course.</b> I have taken the DOH ESE online cognitive evaluator survey located on the DOH website ( <b>proof attached</b> )
		<b>I AM A CURRENT EMS EVALUATOR</b> & I will be taking this course as an initial course. (Do not have to take the DOH test.)
		<b>FEE FOR CLASS IS NON REFUNDABLE AFTER DEADLINE WHETHER OR NOT THE STUDENT ATTENDS THE CLASS.</b>

\_\_\_\_\_  
Chief or Training Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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### EMS Training Application

<u>Date</u>	<u>Instructors</u>	<u>Location</u>	<u>Time</u>	<u>Deadline</u>
September 21st	Joe Schweiger	Central Kitsap Station 4-1	900 AM until completed.	August 30 <sup>th</sup>

**Students:** Any BLS provider who has done 1 recertification period OR any previous BLS Evaluator who wants to re-certify their credential.

**What to know:**

1. Students will need to bring their own working lunch and snacks.
2. If you are a current evaluator **AND you want to do this as a half-day refresher course**, then you must review the ESE curricula and take a survey:
  - a. Download ESE curricula online at  
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/530213.pdf>;
  - or
  - b. Download the ESE PowerPoint online at EMS Evaluator Information: Washington State Department of Health;  
<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSEducationandTraining/EMSEvaluatorInformation>
- AND**
- c. Take the ESE online cognitive evaluator survey located on the DOH website at  
<https://fortress.wa.gov/doh/opinio/s?s=EMSevaluator>

If you don't wish to do complete the above curricula and survey, you will need to attend both sessions.

3. Proof of completion of DOH course either by screen shot or certificate **MUST** be attached to application, **IF attending as a refresher course**.
4. All payments will be sent through Kitsap County EMS Quick books. Payments will be deducted once the class is determined to commence. **FEE FOR CLASS IS NON REFUNDABLE AFTER DEADLINE WHETHER OR NOT THE STUDENT ATTENDS THE CLASS.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

The class must have **9** students registered at the time of deadline to commence with a max of **20** students due to COVID restriction. We will adapt the max number according to the current COVID restrictions and building location at time of deadline. If you have an alternative date which is acceptable, please put it down as you might be able to get into another class.

**Send applications to Tamarah Hoffman at training @kitsapcountyems.org**