



Mason County EMS and Trauma Council

Application to Medical Program Director

- PARAMEDIC AEMT IV TECH EMT EMR

Name: _____ Date: _____

Washington DOH EMS Credential #: _____ Exp. Date: _____

Email: _____ Phone #: _____

Primary County Affiliation: Mason Other: _____

Mason County Agency Affiliation: _____

- I understand my DOH application will not be signed off by Dr. Hoffman until I pass my protocol test.
- I understand I cannot provide patient care, until I have passed my protocol test, received my DOH credential and appear on my agency's roster.
- I understand passing score for the protocol test is 80%. If I fail the test, per policy I must wait 30 days to retake the test again. I understand this test is a proctored closed book exam, which I need to contact my training officer to administer.
- I have attached proof of training if coming another county. This must be provided prior to Dr. Hoffman signing off application.
- I understand I will be responsible for completing Mason County's CORE training requirements, even my primary agency is not within Mason County. Please note, the training will be assigned to all providers. If you have already completed any of the training assigned, please provide documentation to your agency's training officer or attach it to this application form.

I would like to take my protocol test on (date): _____

I have already passed a NWREMS Protocol test with (agency) _____ on (date) _____

EMS Provider Signature: _____

Please send completed application and documentation to office@masoncountyeems.com

FOR OFFICE USE ONLY

- Set up in TargetSolutions: Username: _____ Temporary Password: _____
- Assigned Protocol Test: Dates Open: _____
- Assigned Credentials
- Assigned Core Training
- Assigned training credits or outstanding assignments, as applicable.
- Sent Welcome Letter
- DOH Credentials Entered Issued/Expires: _____



Mason County Core Training Requirements

EMS Providers operating within Mason County must complete core training requirements, regardless of primary affiliation. These assignments will be assigned through your TargetSolutions account. Some courses may be completed outside of Mason County, such as through your EMT Class or at a previous agency. To receive credit for outside training completions, adequate documentation must be provided to office@masoncountyems.com.

Course	EMR	EMT	IV Tech	AEMT/Paramedic
NWREMS Protocol Test, 2020-2023 *	X	X	X	X
Supraglottic Airway *		X	X	
Emergency Airway Management **			X	X
Narcan Administration *	X	X	X	
Cardiac Arrest **	X	X	X	X
Sepsis **	X	X	X	X
Mason County Falls Program **	X	X	X	X
Mason County EMT Specialized Training **		X	X	
Travis Law *	X	X	X	X
Policy updates as applicable	X	X	X	X

* May be completed outside of Mason County. Provide documentation of completion to receive credit. If no documentation is provided, you are responsible to complete the training again.

** Must be completed within Mason County.

Core training assignments are subject to change as training needs arise. If you have questions about core training requirements, please contact your agency's training coordinator.

Mason County Ongoing Training and Evaluation Program

EMS Providers who are primarily affiliated with a Mason County agency participate in the Mason County Ongoing Training and Evaluation Program (OTEP). This is one of two methods of recertification authorized through the Washington State Department of Health. Through this program, providers are required to complete a minimum of one training per quarter and meet all annual training requirements by the 3rd Thursday of December each year.

Please talk to your agency's training officer about what your OTEP training requirements are. Providers who fail to meet the quarterly or annual training completion deadlines are transitioned to CME method of renewal for the duration of their current credential cycle. They may return to OTEP upon recertification.