



Mason County EMS & Trauma Council  
 EMS Evaluator Initial & Refresher Courses - October 14, 2023  
 Training Application

Student Name (listed on DOH): \_\_\_\_\_

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

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

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

**\* ACCEPTANCE OF FINANCIAL RESPONSIBILITY (Signature Required)**

\*Fee for class: **\$50 for Mason County Council Members / \$60 for non-council members**

Agency Affiliation: \_\_\_\_\_

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

Billing Email: \_\_\_\_\_

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

To complete the application, the student must acknowledge the following:

Yes	No	
		I have completed at least one certification cycle (3 years).
		I have the physical ability to perform the skill stations.
		<b>I am a current EMS Evaluator &amp; I am taking this class as a REFRESHER course.</b> I have taken the DOH ESE online cognitive evaluator survey through the DOH website ( <b>proof attached</b> ).
		<b>I am a current EMS evaluator &amp; I am taking this course as an INITIAL course.</b> You do not have to take the DOH test.

**\* CLASS FEE IS NON-REFUNDABLE AFTER THE DEADLINE WHETHER OR NOT THE STUDENT ATTENDS THE CLASS.**

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date



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Date	Instructor	Location	Time	Deadline
October 14 <sup>th</sup>	Mark Frazier	Station 6-1	9 am until completed	September 14 <sup>th</sup>

**Students:** Any EMT, IV Tech, AEMT, or Paramedic who has completed at least one recertification period OR any previous BLS Evaluator who wants to re-certify their credential.

**What to know:**

1. Students will need to bring their working lunch and snacks.
2. **If you are currently an EMS Evaluator**, you may take this course as either a refresher or an initial course. You **MUST** complete the online DOH Refresher course if you want to take it as a refresher course. This is not required if you wish to complete it as an initial course.
  - a. Review the ESE curricula at <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSEducationandTraining/EMSEvaluatorInformation>
  - b. Request the ESE PowerPoint from DOH at [HSQA.EMS@doh.wa.gov](mailto:HSQA.EMS@doh.wa.gov); 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 have any questions, please contact Dawn Felt (360) 236-2842 or email [HSQA.EMS@doh.wa.gov](mailto:HSQA.EMS@doh.wa.gov).

3. Proof of completion of the DOH course, either by screenshot or certificate, **MUST** be attached to the application.
4. Class invoices will be sent to the billing email provided following the course application deadline. The fee for the class is non-refundable after the deadline whether or not the student attends the class.

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

\_\_\_\_\_  
Date

The class must have **6** students registered by the deadline to commence, with a max of **18** students.

Send completed applications to Carly Bean at [office@masoncountyems.com](mailto:office@masoncountyems.com)