



Mason County EMS & Trauma Council
EMT Course Application – Winter 2026
Application Deadline: November 30, 2025

Student's Full Legal Name _____	
Preferred Name _____	T-Shirt Size _____
Email Address: _____	Phone # _____

Please read before completing your application:

You are about to embark on a 200-hour training program to prepare you to become an Emergency Medical Technician within the State of Washington. During this time, studying and completing assignments on your own time outside of class will be necessary. This will include reading the textbook, understanding the definitions relevant to the training program, familiarizing oneself with the equipment used in emergency medicine, and practicing the practical skills expected of an EMT. You will also be required to perform clinical and field rotations at Mason General Hospital and with a medic unit within Mason County.

Other things to know before you apply:

1. **You must have access to a working computer with internet access.** All homework assignments, midterms, and final exams are completed online. Cell phones and tablets do not provide adequate access to the required materials.
2. **Completing this course does not grant certification as an EMT.** You must also pass your National Registry of EMT (NREMT) cognitive exam and submit your application to the Washington State Department of Health.
3. **If your sponsoring agency is within Mason County,** you must pass the Northwest Region (NWREMS) Protocols Exam before the Medical Program Director signs your Department of Health Application. After completing your protocol exam, you will be assigned Mason County Core Training courses and enrolled in the Mason County Ongoing Training and Evaluation Program (OTEP).
4. **If your sponsoring agency is outside Mason County,** please check with your agency for additional requirements.
5. **The class must have 12 students registered at the deadline to commence.**

Course Completion Requirements:

1. Pass midterm and final exams with 80% or above.
2. Maintain an 80% average in homework.
3. Demonstrate competency and physical ability to complete the skills stations.
4. Complete clinical and field rotations, including submission of required patient care reports.

Important Dates	Lead Instructor	Location	Times
Course Instruction January 6th – April 30th	Robert Collamore	North Mason Regional Fire Authority Station 2-1	Tuesdays & Thursdays 6-9 p.m. Saturdays 9 a.m. -5 p.m.



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To complete the application, you must acknowledge that you have met the following prerequisites and provide your training officer with supporting documents to include with your application packet:

Yes	No	
		Current Health Care Provider CPR Card
		Passed a multi-state background check within the last six months
		High School Diploma or equivalent
		Tuberculosis skin test completed within last six months
		Hepatitis B vaccine series has been started or completed
		A valid driver's license
		Successful completion of the Mason County EMT Course Entrance Exam

NOTE: If a "No" box is checked on any of the items above, a request for a variance, including an explanation of why the prerequisite will not be met, MUST BE SUBMITTED to the MPD and attached to your application packet.

By signing and submitting your application, you are accepting the requirement to attend all classes on the schedule, devoting the time required for the field and clinical rotation, and spending the time needed to study and practice for a successful outcome.

**** If you have a documented learning disability, please contact the training coordinator. Accommodation(s), including alternative testing methods, may be available. ****

Student Signature

Date

**Your agency's training officer should submit completed applications to
office@masoncountyems.com no later than **11/30/2025**.**



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TO BE COMPLETED BY THE SPONSORING AGENCY:

Please review your student's application and supporting documentation before submitting the application to office@masoncountyems.com. Completed applications should be submitted by the agency's training officer and must include the following:

- All three pages of the course application, appropriately completed and signed by the student and the sponsoring agency.
- Documentation for each of the prerequisites.
 - Copy of Health Care Provider CPR Card
 - Copy of agency-ordered multi-state background check completed within the past six months
 - Copy of high school diploma, GED, or college degree
 - Copy of TB skin test results completed within the past six months
 - Copy of started or completed Hep B Vaccine series documentation
 - Copy of a valid driver's license
 - Copy of entrance exam test score or certificate
- If any of the prerequisites will not be met, a request for variance **MUST** be submitted to the Medical Program Director, and a copy of the request included in the application packet. The application will not be considered complete until the Medical Program Director has approved the variance request.

Class Fee: The fee for this course is \$1,700 for Mason County EMS & Trauma Council Members or \$1,950 for non-council members. This fee includes a pre-paid NREMT exam voucher. Mason County EMS & Trauma Council will only accept payments from a sponsoring agency; we are unable to accept payments directly from students.

Upon course verification, all approved applications will be billed a \$350 deposit toward books and supplies. This deposit is refundable until the books are ordered. **After books are ordered, the deposit is non-refundable.** The remaining balance will be billed after the second week of class.

The student withdrawal deadline is the 2nd week of class; afterward, all fees are non-refundable.

ACCEPTANCE OF SPONSORSHIP AND FINANCIAL RESPONSIBILITY (SIGNATURE REQUIRED)

Sponsoring EMS Agency: _____

Billing Email: _____

Sponsor's Signature & Date: _____

Sponsor's Printed Name & Title: _____