

# Mason County EMS & Trauma Council IV Technician Course - 2023

Training Application

Application deadline: September 15, 2023

Stude	nt Nam	e (listed on DOH):				
_			Email:			
T-shirt size:			EMS Cert #			
			-			
		* ACCEPTA	ANCE OF FINANCIAL RESPONSIBILITY (Signatu	ure Required)		
			for Mason County Council Members / <b>\$740</b> for no			
Spons	oring El	MS Agency:				
Email	billing a	nddress:				
*Sponsor Signature (required):				Title:		
*	Invoices	s will be sent to the	above email the day after the deadline. The clase student does not attend the course. If the course			
To com	plete th	ne application, stud	ents must acknowledge they have met the followi	ng prerequisites:		
Yes	No					
		I have been an EN	IT for at least one year. Date of EMT Certification:	1		
		My agency suppo	My agency supports me in completing this training (by Chief, MSO, or equivalent).			
		I have completed my COVID vaccine series. (Required for hospital/field rotation.) Please attach vaccination documentation.				
		Out-of-county students: I have attached a statement from my Medical Program Director acknowledging that this training will be accepted to meet my county's initial IV-Technician training requirements.				
		Mason County stu BLS OTEP training	idents: I understand that completing this class wi requirements to the ILS/ALS Base Station training officer and am prepared to make the transition.			
**If a	"No" k	,	any of the items above, you must request a Medical Program Director. **	variance from the Mason County		
	Chief	or Training Officer		Date		
	Stude	nt Signature		 Date		

Email the completed application and supporting documents to: <a href="mailto:office@masoncountyems.com">office@masoncountyems.com</a>



## Mason County EMS & Trauma Council

IV Technician Course - 2023

**Training Application** 

Application deadline: September 15, 2023

## **Course Details:**

Dates	Lead Instructor	Location
October 17 <sup>th</sup> – November 4 <sup>th</sup> , 2023	Fire Chief/Paramedic Michael Sexton	Hoodsport Fire Station 18-1 (Lake Cushman Station) 240 N Standstill Dr S Hoodsport, WA 98548

Class Dates/ Times: Tuesdays & Thursdays 6:00 – 10:00 p.m. AND Saturdays 9:00 a.m. – 5:00 p.m.

**Students:** Any EMT with at least one year of experience who desires to advance their skillset from basic to intermediate level.

#### What to know:

You are about to embark on a 48-hour training program to receive an IV technician endorsement from the Washington State Department of Health. In addition to your class time, you will also be required to complete hospital/field rotations sufficient to meet the minimum number of successful IV starts before the end of the course. You may also need to study on your time outside of class.

By signing the application, you accept the requirement to attend all classes on the schedule and will devote the time needed to study and practice for a successful outcome.

- 1. Students will need to bring a working lunch and snacks.
- 2. If you are a Mason County student, becoming an IV Technician will alter your continuing education requirements to transition from the BLS OTEP model to the ILS/ALS Base Station model. You will be required to attend at least eight base station trainings per year, including at least one live skills station per year. Additionally, to recertify as an IV Tech, you must complete a minimum of 24 ILS/ALS trainings per 3-year cycle. Please discuss this change with your training officer.
- 3. Out-of-county students must provide a statement from their MPD acknowledging that this training will be accepted for your county's initial IV Technician training.
- 4. The class must have six students registered at the time of the deadline to commence.
- 5. You must be vaccinated against COVID-19 to complete this course's hospital/field rotation requirements.

### **Class Requirements:**

- 1. Attend all class sessions
- 2. Pass a written test with 80% or above
- 3. Perform fifteen successful IV starts during the class
- 4. Complete at least 2 hours of hospital time at the Mason General Hospital Emergency Department with additional time in the Emergency Department or on ambulance ride time as needed.

Student Signature	Date	