



EMERGENCY MEDICAL SERVICES
DEPARTMENT OF EMERGENCY MANAGEMENT

2501 South 35th Street, Suite 'D', Tacoma WA 98409-7405; PHONE: 253)798-7722 FAX: (253)798-2200

PARAMEDIC IN-STATE TRANSFER
(State of Washington currently certified Paramedic)
DOCUMENTATION REQUIREMENTS
CHECK-OFF SHEET

(all items to be submitted to Pierce County EMS Coordinator for review - address in header above)

Name _____

Address _____

E-mail _____

Telephone (Cell) _____ (work) _____

Agency _____

Table with 2 columns: Required Documents, Yes. Rows include: State of Washington DOH Agency Supervision Change Request online, Copy of valid Proof of Identity, Copy of documentation that applicant has passed a Paramedic course, Copy of current Washington State Paramedic card, Copy of NREMT-Paramedic, Copy of current ACLS Provider, Copy of Pediatric Training, Copy of Trauma Training, Letter of Recommendation, ET/IV proficiency form, Acknowledgement of Receipt form, * PCEMS Office Use: Pierce County Protocol Test, * PCEMS Office Use: Check 'Provider Credential Search'.

Appointment with Dr. Waffle: (Date) _____ (Time) _____