



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 RECIPROCITY
(Trained outside State of Washington)
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 'Initial, etc' Certification Application, Copy of valid Proof of Identity, Copy of documentation that applicant has passed a Paramedic, Copy of proof of Infectious Disease Training, Copy of current State card, Copy of proof of NREMT- Paramedic wallet card, Copy of proof of NREMT-Paramedic most recent successful cognitive exam results, Copy of current ACLS Provider (or ASHI) Card, 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) _____