



**EMERGENCY MEDICAL SERVICES  
DEPARTMENT OF EMERGENCY MANAGEMENT**

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

**EMR & EMT IN-STATE TRANSFER  
(State of Washington currently certified EMR or EMT)  
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 \_\_\_\_\_

Required Documents	Yes
State of Washington DOH Agency Supervision Change Request online <a href="https://secure.doh.wa.gov/home/default.aspx?rfs=Login">https://secure.doh.wa.gov/home/default.aspx?rfs=Login</a>	
Copy of valid Proof of Identity as outlined on the DOH certification application, i.e. driver's license photo, passport, or military ID	
Copy of current Washington State EMR or EMT card expires:	
Acknowledgement of Receipt form - Proof of current Pierce County EMS Procedures & Patient Care Protocols and AHA handbook	
* <i>PCEMS Office Use</i> : Check 'Provider Credential Search' for pending actions	