

This 1,290.5 hour, three-quarter time program leads to certificate with the National Registry of Emergency Medical Technicians which will lead to a state certification. It follows the 2011 National EMS Education Standards.

This three-phase program consists of 672 hours of intensive, classroom and lab training, 9:00 a.m. – 5:30 p.m., at the Providence Health Training Education Center; followed by a minimum of 270.5 hours of supervised clinical time; and a minimum of 360 hours of supervised paramedic field internship. Clinical rotations and field internship are available at a number of approved locations throughout Eastern Washington and North Idaho.

**Credentials obtained:** Advanced Cardiac Life Support, Pediatric Advanced Life Support, and Pre-Hospital Trauma Life Support.

This paramedic program is designed for career opportunities with Ambulance Services, Fire Departments, Hospitals and other rescue departments. This program meets the requirements for education of Paramedics as recommended by the U.S. Department of Transportation and required by the State of Washington.

Students are eligible for the National Registry of EMT's Computer Based Test (CBT) certifying exam for paramedics upon successful completion of the program.

### Application Requirements:

Applicants must:

- Register and pay for the \$50.00 non-refundable course application fee which can be found on the following web page: [Providence.org/spokanePECclasses](http://Providence.org/spokanePECclasses).
- Submit completed application packet in its entirety. Incomplete application packets will not be considered.
- Submit completed and signed Criminal Background check from included in the application packet. Acceptance into the program is contingent upon an acceptable report from this agency.
- Submit a copy of your current driver's license or state issued identification card.
- Submit evidence of high school diploma or its equivalent.
- Submit high school and any post high school transcripts (i.e. technical school, college).
- Submit a copy of current state EMT and/or National Registry Basic certificate or advanced level certificates, if applicable. ***At the time the application is submitted the applicant must have been an EMT for a minimum of 1 year or one certification period or equivalent pre-hospital experience.***
- Submit a copy of a current American Heart Association Basic Life Support- BLS (or equivalent) CPR card.
- Submit one letter of reference from the applicant's immediate supervisor.
- A written or typed essay describing the applicants EMS experience. The essay must be 500 words or less.

- Submit evidence of successful completion (grade of C+ or better) of a 200 level Anatomy & Physiology course or successful completion of an on-line program (non-credit). The applicant's acceptance into the Paramedic Program will be contingent upon successful completion of an Anatomy & Physiology course. All students are encouraged to an Anatomy & Physiology course for credit. Corexcel online Anatomy & Physiology Course <http://www.corexcel.com/anatomy.physiology.online.htm> Use the code INHSap35 to receive \$35 off
- Submit evidence of successful completion (grade of C+ or better) of a Medical Terminology course or successful completion of an on-line program. The applicant's acceptance into the Paramedic Program will be contingent upon successful completion of a Medical Terminology course. Corexcel online Medical Terminology Course <https://www.corexcel.com/html/online.medical.terminology.htm> Use the code INHSmt30 to receive \$30 off

Qualified candidates will be notified of the entrance exam schedule. All applicants must successfully pass a written BLS exam with at least a 70% and a questionnaire.

Applicants who are accepted will have ten (10) days to confirm, by registration into the course, their willingness to attend the program. Upon registration, applicants must make the minimum payment owing which is the total for all books and lab fees.

#### **Application Procedure:**

- A complete application packet
- Applicant's essay
- Passing the BLS computer-based exam with at least a 70%
- A questionnaire or personal interview with the Paramedic Program selection committee
- Successful completion of the Anatomy and Physiology course (grade of C+ or better)
- Successful completion of the Medical Terminology course (grade of C+ or better)

Residents in Eastern Washington, North Idaho and those with active employment by and ambulance or fire service agency are given priority for entrance into the Paramedic Program.

All applicants will be notified in writing regarding either their acceptance or their rejection into the Paramedic Program.

#### **Upon acceptance into the Program:**

Students will need to submit complete immunization records including but not limited to:

- Measles, Mumps, Rubella, Rubeola
- Varicella (if not available, a letter stating when you had the actual illness)
- TB test results (results must be within the immediate past six months)
- Hepatitis B series, if not completed, documentation of starting the series
- Tetanus
- Covid 19

If copies of records are not available, titers may be used to show immunization status.

**Application Checklist**

Please check each box to ensure you have attached all required information. It is strongly recommended applicants keep this information for future reference.

|   |  |
|---|--|
| Your complete and signed Paramedic Application?   |  |
| The \$50 non-refundable application fee payable to Providence Health Training?                                |  |
| Copy of your current driver's license or state issued identification card?                                    |  |
| Copy of your high school diploma or equivalent?   |  |
| Copy of high school and any post high school transcripts (i.e. technical school, college)                     |  |
| Copy of your current American Heart Association Healthcare Provider (or equivalent) CPR card?                 |  |
| Copy of your current state EMT and/or National Registry basic or advanced level certification, if applicable? |  |
| Evidence of successful completion (grade of C+ or better) of a 200 level Anatomy & Physiology Course?         |  |
| Evidence of successful completion (grade of C+ or better) of a Medical Terminology course?                    |  |
| One letter of reference from your immediate supervisor?   |  |
| A written or typed essay describing your EMS experience?  |  |
| Signed released form for the criminal background check?   |  |

Thank you for choosing the Providence Health Training Paramedic Program

Mail complete application packet to:  
Providence Health Training  
Paramedic Program  
1313 N Atlantic, Suite 4900  
Spokane, WA 99201

For questions about the program or application call (509) 473-6007 or email [healthtraining.wa@providence.org](mailto:healthtraining.wa@providence.org). Applications can also be emailed to this address.

**Please submit full application to:**

Providence Health Training  
1313 N Atlantic, Suite 4900  
Spokane, WA 99201  
(509)473-6007

Course Start Date: \_\_\_\_\_

**Demographic Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Driver's License Number/ State \_\_\_\_\_ Expiration \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Shirt Size \_\_\_\_\_

**EMS Agency Data**

EMS Agency Affiliation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Fire Chief or Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**Academic Performance**

Please submit one of the following documents with your application.

| Academic Documentation Type | Year Completed | School |
|-----------------------------|----------------|--------|
| GED Certificate             |                |        |
| High School Diploma         |                |        |
| College Degree              |                |        |

I certify the above information is accurate and complete. I have read and understand the course requirements.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

## Work Experience

(List work experience you have had. Use another sheet, if necessary).

|                         |                   |
|-------------------------|-------------------|
| <b>1. Organization</b>  | <b>Dates Held</b> |
| <b>Address</b>          |                   |
| <b>Position Held</b>    | <b>Supervisor</b> |
| <b>Responsibilities</b> |                   |
| <b>2. Organization</b>  | <b>Dates Held</b> |
| <b>Address</b>          |                   |
| <b>Position Held</b>    | <b>Supervisor</b> |
| <b>Responsibilities</b> |                   |
| <b>3. Organization</b>  | <b>Dates Held</b> |
| <b>Address</b>          |                   |
| <b>Position Held</b>    | <b>Supervisor</b> |
| <b>Responsibilities</b> |                   |
| <b>4. Organization</b>  | <b>Dates Held</b> |
| <b>Address</b>          |                   |
| <b>Position Held</b>    | <b>Supervisor</b> |
| <b>Responsibilities</b> |                   |

Pursuant to the requirements set forth by governing entities, PROVIDENCE must ask you to complete the following disclosure statement. This information will be kept confidential. Please answer fully and accurately. Note: PROVIDENCE will confirm your answers to these questions by obtaining background checks and license verifications as applicable.

You will be notified of any resulting issues within two (2) business days after all reports are received. PROVIDENCE will make a copy of the report available to you upon your request.

Have you lived outside the state of Washington? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, list all previous counties with their states where you have lived, or other countries: \_\_\_\_\_

Have you ever been convicted of a crime? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, please identify the offense(s), provide the date(s) of the conviction(s), the name of the court and the sentence(s) imposed: \_\_\_\_\_

**Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding?**  
(Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed).  
No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed: \_\_\_\_\_

Have you ever had findings made against you would exclude you from participation in Medicare, Medicaid and other Federal Health Care Programs? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, please identify the offense(s), provide the date(s) of the conviction(s) imposed: \_\_\_\_\_

Providence may request your fingerprints to obtain from the criminal identification systems a report of your record of criminal convictions for offenses against person, civil adjudications of child abuse, and disciplinary board final decision. I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired or allowed to participate in any of our programs/classes, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired or allowed to participate in any of our programs/classes, my employment/acceptance into the program/class is conditioned on satisfactory results of all background checks.  
I hereby authorize PROVIDENCE to obtain background checks and license verifications as applicable at any time during my employment/contract/volunteer service/student.

Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alias/Maiden: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Full Current Address: \_\_\_\_\_