



**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

**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 https://secureaccess.wa.gov/myAccess/saw/select.do	
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:	
Copies of OTEP/CME EMS Training records for the current certification period from the agency the applicant is leaving	
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	