



**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 RECIPROACITY
(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 _____

Required Documents	Yes
State of Washington DOH 'Initial, etc' Certification Application, mark the 'Reciprocity' box (forms with original signatures > not copied)	
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 documentation that applicant has passed an EMR or EMT course (dependent on level of certification being sought), with course location & date of course completion annotated (certificate, letter, or college transcript-may be unofficial transcript)	
Copy of current State card [†] <u>and/or</u> [†]must take NR exam	
Copy of proof of NREMT- EMR or EMT (dependent on level of certification being sought) wallet card or "8x11" certificate	
Copy of proof of NREMT EMR or EMT (dependent on level of certification being sought) most recent successful cognitive exam results and test date ^{†/††} Must take NREMT cognitive 'Assessment' exam if previous NR test is greater than 12 months old	
Acknowledgement of Receipt form - Proof of current Pierce County EMS Procedures & Patient Care Protocols	
* <i>PCEMS Office Use:</i> Check 'Provider Credential Search' for pending actions	