

Ongoing Training & Evaluation Program Application



Training Agency: \_\_\_\_\_ Agency Credential Number: ES. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Address City/Zip

OTEP Coordinator \_\_\_\_\_

Number of Participants \_\_\_\_\_

Indicate the training levels included in the OTEP (Check boxes that apply):

EMR \_\_\_\_\_ EMT \_\_\_\_\_ EMT IV Skill \_\_\_\_\_ EMT SGA Skill \_\_\_\_\_ AEMT \_\_\_\_\_ PM \_\_\_\_\_

Number of DOH approved EMS Skills Evaluators: \_\_\_\_\_ (Attach list of names and EMS Registry #s)

Below, provide a brief description of your OTEP program. On additional sheets, attach your OTEP plan and a three-year schedule providing educational topics, time allotted, instructor and date.

If more than one EMS agency will be participating in this OTEP, provide the Agency License Number, Agency Name and all certification levels participating in the OTEP, for each agency involved.

OTEP applications should be renewed whenever significant changes are made. Sign the application and obtain required signatures, then submit to the address below.

\_\_\_\_\_  
OTEP Coordinator/Agency Head (Print/Type) Signature Date

APPROVAL SIGNATURES

\_\_\_\_\_  
County MPD or Designee (Print/Type) Signature Date

Obtain required signatures and submit to:

DOH - Office of EMS & Trauma System  
EMS Education, Training & Regional Support Section  
P.O. Box 47853  
Olympia, Washington 98504-7853

\_\_\_\_\_  
DOH/OEMSTS ETRS Section (Print/Type) Signature Date