



Office of EMS & Trauma
PO Box 47877
Olympia, WA 98504-7877

Personal Status Changes EMS and Trauma Systems Application Packet

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In order to process your request:

Complete the application following the General Instruction Checklist on page one. Get all signatures before sending the application to the address below.

Mail your application to:

Department of Health
Office of EMS & Trauma
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360.236.4700



Office of EMS & Trauma
PO Box 47877
Olympia, WA 98504-7877

General Instruction Checklist

#1: Identification Information:

Fill in your Department of Health credential number, telephone number, date of birth, name and address.

#2: Personal Status Changes: (This part of the application must be completed.)

Indicate all changes.

- **Add Agency:** You will keep your current EMS agency of record, and want to add another EMS agency to your record.
- **Change Agency:** You are no longer with your previous EMS agency, and want to change to a different EMS agency of record.
- **Change Address:** Your personal address of record has changed.
- **Change Name:** The name under which you have been legally known has changed. Provide legal documentation i.e., marriage license, court order, valid photo I.D., Social Security Card, etc. Include your previous name where indicated.

#3: EMS Supervisor Statement: (required when changing and/or adding agencies.)

1. Fill in the name and license number of the EMS agency you are adding or changing to. If you do not know the agency license number, ask your supervisor.
2. Obtain the signature and date of your EMS supervisor with this agency.
3. Indicate whether you are Paid or Volunteer with this agency.
4. Indicate whether this will be your primary agency. "primary" is the agency where you obtain the majority of your EMS activity and continuing medical education (CME) credits.

#4: County Medical Program Director (MPD) Statement (required when changing and/or adding counties, and when a provider returns to active agency affiliation).

#5: Application Statement (This part of the application must be completed.)

You must sign and date your application attesting to the accuracy of the information you have provided. Your application is not complete if you have not signed it.

Note: The application is valid for one year from the date the applicant signs the form.

Office of EMS & Trauma System Web site: www.doh.wa.gov/hsqa/emstrauma/

5. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of the state of
Name of Applicant

Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW [18.130.170](#) and RCW [18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local, or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ at _____
mm/dd/yyyy City, State

by: _____
Original Signature of Applicant

RCW/WAC and Online Web Site Links

RCW Links

| | |
|---|------------------------------|
| http://www.doh.wa.gov/hsqa/emstrauma/statutes.htm | Statutes and Rules |
| UDA RCW 18.130 | Uniform Disciplinary Act |
| APA RCW 34.05 | Administrative Procedure Act |