



Emergency Medical Services Certification Requirements and Scope of Practice

Information in this document reflects standards as of 11/08/12 and is meant as a general guideline only. For more information, please call 360-236-2842 or visit our [website](#)

The Washington State Department of Health certifies prehospital patient care providers. Applicants for each Emergency Medical Services (EMS) certification level must meet the following [requirements](#).

EMS education:

Candidate must provide proof of successful EMS course completion from a department-approved EMS training program. For paramedic applicants, this proof must be from a training program accredited by a department-approved national accrediting organization.

Certification examination:

Provide proof of a passing score on the department-approved certification examination for the level of certification. Applicants will have three attempts within twelve months of course completion to pass the examination. After three unsuccessful attempts, the applicant may retake the initial EMS training course, or within twelve months of the third unsuccessful attempt, complete refresher training identified below, covering airway, medical, pediatric, and trauma topics, and pass the department-approved certification examination: After three unsuccessful attempts, the EMR applicant must repeat course.

- EMT twenty-four hours.
- AEMT thirty-six hours - pharmacology review must be included in the refresher training.
- Paramedic forty-eight hours - pharmacology review must be included in the refresher training.

Certification application:

- High school diploma or GED: Required for EMT, AEMT and paramedic only.
- Provide proof of identity - state or federal photo I.D. (military ID, driver's license, passport).
- Provide proof of age - at least eighteen years of age. Variances to this age requirement will not be granted.
- Provide proof of EMS agency association - active membership, paid or volunteer with:
 - Licensed aid or ambulance service;
 - Law enforcement agency;
 - Business with organized industrial safety team;
 - Senior EMS instructors or training coordinators, teaching at department-approved EMS training programs, who are unable to be associated with approved agencies above.
- Recommendation of county medical program director - required. MPD must sign application.
- Background check - required. May include requirement for fingerprint card and FBI background check.

Refresher Training Requirements

- Complete Continuing Medical Education (CME) and pass a department-approved certification examination for the level of certification, or complete an On-Going Training and Evaluation Program (OTEP) for recertification.

Authorized care - Scope of Practice WAC 246-976-182

- (1) Certified EMS personnel are only authorized to provide patient care:
- (a) When performing in a prehospital emergency setting or during interfacility ambulance transport; and
 - (b) When performing for a licensed EMS agency or an organization recognized by the secretary; and
 - (c) Within the scope of care that is:
 - (i) Included in the approved instructional guidelines/curriculum for the individual's level of certification; or
 - (ii) Included in approved specialized training; and
 - (iii) Included in state approved county MPD protocols.
- (2) If protocols and regional patient care procedures do not provide off-line direction for the situation, the certified person in charge of the patient must consult with their on-line medical control as soon as possible. Medical control can only authorize a certified person to perform within their scope of practice.
- (3) All prehospital providers must follow state approved triage procedures, regional patient care procedures and county MPD patient care protocols.

[Statutory Authority: Chapters [18.71](#), [18.73](#), and [70.168](#) RCW. 11-07-078, § 246-976-182, filed 3/22/11, effective 5/15/11; 00-08-102, § 246-976-182, filed 4/5/00, effective 5/6/00.]

Level of Care	Medical Control & Skills Capabilities
Emergency Medical Responder (EMR): 48 to 60 hours including 5 patient contacts.	MPD protocols, patient assessment, airway adjuncts intended to go into the oropharynx, CPR, AED, O2, BVM, bandaging, Back board, C spine immobilization ,splinting, manual stabilization, emergency moves, trauma, triage, medical, pediatrics, Auto injector for self or peer rescue.
Emergency Medical Technician (EMT): 150 to 190 hours, including clinical observation and 5 patient contacts. EMT endorsements	MPD protocols, patient assessment, CPR, AED, splinting, immobilizing, O2, BVM, airway adjuncts intended to go into the oropharynx or nasopharynx, bandaging, splinting, Trauma, triage, medical, pediatrics, operations, OB/GYN, Aspirin, Epi auto-injector, assist with patient’s nitro, inhaler, WAC 246-976-144(5) EMTs who have successfully completed IV therapy or supraglottic airway training may use those skills only when following approved county MPD protocols that permit EMTs with such training to perform those skills.
Advanced EMT (AEMT): 150 to 250 hours including clinical and field patient contacts.	MPD protocols, EMT skills and knowledge, multi-lumen airway, IV therapy skills, six meds: Naloxone, Aspirin, Dextrose 50/25, Albuterol, Nitroglycerine, and Epinephrine for anaphylaxis by commercially preloaded measured-dose device.
Paramedic: 1200 to 2000+ hours including clinical and field patient contacts and advanced procedures.	MPD protocols, EMT skills and knowledge plus ACLS w/ manual defibrillation, ET, multi-lumen airway, meds per MPD protocol, IV therapy skills, and advanced patient assessment, trauma and medical skills.
Air ambulance personnel (may include EMTs through paramedics as well as MDs, RNs, RTs, Etc.)	EMS personnel must follow MPD protocols and training. Flight crews must follow the physician director orders.