



# PENINSULA COLLEGE

## EMERGENCY MEDICAL TECHNICIAN

Program Coordinator: Keith Bogues

[kbogues@cityofpa.us](mailto:kbogues@cityofpa.us)

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### PROGRAM INFORMATION AND APPLICATION

The EMT Program at Peninsula College trains students in the **basic** emergency medical procedures including, but not limited to:

- Introduction in HIV/HBV Prevention
- Baseline Vitals
- Airway Management
- Communication and Documentation Skills
- General Pharmacology
- Respiratory, Cardiovascular, Behavioral and other Emergencies
- Bleeding and Shock
- Injuries to Head and Spine
- Diabetes and Allergies
- Poisonings
- Infant and Child Emergency Care

This course adheres to the U.S. Department of Transportation Guidelines and the Washington State Department of Social and Health Services Standards. Admission into the EMT (FA 120) course is regulated by Washington Administrative Code (WAC) 246-976-041, which states that a candidate **must be at least 17 years of age at the beginning of the course.**

The total length of the course is 154 hours over the duration of one quarter (11-12 weeks). **The class meets every Wednesday from 6:00pm-10:00pm and Saturday from 9:00am-6:00pm.** Additional hours for mandatory field internship and Health Care Provider CPR will be schedule as needed outside of the above stated class periods.

**Upon successful completion of the course, students will receive a Certificate of Completion and be eligible to take the NREMT computer-based exam.**

## EMT-BASIC APPLICATION PROCEDURE

Applications must be submitted by the following deadline dates, to be considered for entrance:

Fall Quarter – August 15

Spring Quarter – February 15

Admission is granted based upon a verifiable affiliation relationship first and then on a “first come-first serve” basis as space allows. **No application is considered unless all documents listed on page 3 are included.**

Accepted students will be notified by email approximately **four (4) weeks prior to the beginning of the class** and will receive instructions for registration, a course schedule, and text book requirements. You must keep our office informed of any email changes.

Admission policies are subject to change. Applications will be accepted under the terms in place at the time an application is received in the EMT-B Program Office. It is the responsibility of the applicant to keep up-to-date on any program changes that may affect his/her qualifications for acceptance.

## APPLICATION REQUIREMENTS CHECKLIST

After you have checked off the items below mail or hand deliver your application packet to:  
Keith Bogues • c/o Clallam County EMS - 102 East 5th Street, Port Angeles, WA 98362

**We do not make photocopies so it is important for you to bring all required copies with you.**

- ☐ Completed Peninsula College EMT Application.
- ☐ Completed Affiliation and Certification form (requires agency supervisor signature)
- ☐ Include a photocopy of high school diploma, high school transcripts or GED certificate.
- ☐ A photocopy of your current driver's license (**enlarge 200%**).
- ☐ A photocopy of your current Healthcare Provider CPR Card (**or equivalent**)



# PENINSULA COLLEGE

\_\_\_\_\_  
Date Received (*Office use only*)

## Emergency Medical Technician Program Application

**Please type or print clearly:**

Quarter Applying

☐

Fall

☐

Spring

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Previous Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
SSN

☐

Male

☐

Female

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
E-mail Address (primary method of communication)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Alternate Mailing Address (if above is temporary) City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Person to Contact in Case of Emergency

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
Location

\_\_\_\_\_  
Did you graduate? ☐ Yes ☐ No

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If you didn't graduate from high school, give highest grade completed.

Did you receive a GED?    ☐ Yes    ☐ No

**All College and Universities Attended**

Name of Institution	Location	Credits	Graduation Date/Degree

**I consider myself to be a member of the following ethnic group:**

- |                                     |   |  |                                       |
|-------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> White      | <input type="checkbox"/> African American | <input type="checkbox"/> Native American | <input type="checkbox"/> Hispanic     |
| <input type="checkbox"/> Hawaiian   | <input type="checkbox"/> Samoan           | <input type="checkbox"/> Guamanian       | <input type="checkbox"/> Latino       |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Japanese         | <input type="checkbox"/> Chinese         | <input type="checkbox"/> Korean       |
| <input type="checkbox"/> Eskimo     | <input type="checkbox"/> Aleut            | <input type="checkbox"/> Multi-Ethnic    | <input type="checkbox"/> Other: _____ |

*Your answer above will permit the Continuing Education office to accurately complete the State and Federal census forms.*

**Most recent work experience (last 3-5 years)**

Job Title/Type of Work	Employer	Dates Employed

**I understand that failure to meet program requirements will delay and possibly void the application process. My signature confirms the accuracy and truthfulness of information contained in this application.**

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Name (please print)

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Signature

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Today's Date

## AFFILIATION AND CERTIFICATION

In order to become a Washington State Certified EMT, students must be at least 18 years of age, have successfully complete an EMT course, have passed the NREMT computer-based exam and provide a document of affiliation with a pre-hospital care provider agency such as a fire department, police department, ambulance service, etc. The course instructor will explain these requirements during the first class meeting. Applicants who are not affiliated will be admitted into the class as space allows; however, an affiliation must be obtained within one year course completion in order to become certified by the Washington State (State) Department of Health. You must apply for State certification within the 12 months immediately following the course completion.

Graduates are also required to pass an in-depth Department of Health background check in order to receive a certificate from the State of Washington.

**For recordkeeping purposes, please check the box that applies to your situation:**

☐ I am affiliated with \_\_\_\_\_.

**Agency verification required.**

Supervisor Signature \_\_\_\_\_

☐ I am currently not affiliated and would appreciate help in identifying possible affiliation agencies.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date