



This 1,279 hour, three-quarter time program leads to certificate with the National Registry of Emergency Medical Technicians which will lead to a state certification. It follows the 2011 National EMS Education Standards.

This three-phase program consists of 600 hours of intensive, classroom training, 9:00 a.m. – 5:30 p.m., in the INHS Health Training Education Center; followed by a minimum of 270 hours of supervised clinical time; and a minimum of 360 hours of supervised paramedic field internship. Clinical rotations and field internship are available at a number of approved locations throughout Eastern Washington and North Idaho.

Credentials obtained: Advanced Cardiac Life Support, Pediatric Advanced Life Support, and Pre-Hospital Trauma Life Support.

This paramedic program is designed for career opportunities with Ambulance Services, Fire Departments, Hospitals and other rescue departments. This program meets the requirements for education of Paramedics as recommended by the U.S. Department of Transportation and required by the State of Washington.

Students are eligible for the National Registry of EMT's Computer Based Test (CBT) certifying exam for paramedics upon successful completion of the program.

Application Requirements:

Applicants must:

- Register and pay for the \$50.00 non-refundable course application fee which can be found on the following web page: www.courseregistration.inhs.org.
- Submit completed application packet in its entirety. Incomplete application packets will not be considered.
- Submit completed and signed Criminal Background check from included in the application packet. Acceptance into the program is contingent upon an acceptable report from this agency.
- Submit a copy of your current driver's license or state issued identification card.
- Submit evidence of high school diploma or its equivalent.
- Submit high school and any post high school transcripts (i.e. technical school, college).
- Submit a copy of current state EMT and/or National Registry Basic certificate or advanced level certificates, if applicable. **At the time the application is submitted the applicant must have been an EMT for a minimum of 1 year or one certification period or 1000 patient contacts at an ALS agency.**
- Submit a copy of a current American Heart Association Healthcare Provider (or equivalent) CPR card.
- Submit one letter of reference from the applicant's immediate supervisor.
- A written or typed essay describing the applicants EMS experience. The essay must be 500 words or less.



- Submit evidence of successful completion (grade of C+ or better) of a 200 level Anatomy & Physiology course or successful completion of an on-line program (non-credit). The applicant's acceptance into the Paramedic Program will be contingent upon successful completion of an Anatomy & Physiology course. All students are encouraged to an Anatomy & Physiology course for credit. Corexcel online Anatomy & Physiology Course <http://www.corexcel.com/anatomy.physiology.online.htm> Use the code INHSap35 to receive \$35 off
- Submit evidence of successful completion (grade of C+ or better) of a Medical Terminology course or successful completion of an on-line program. The applicant's acceptance into the Paramedic Program will be contingent upon successful completion of a Medical Terminology course. Corexcel online Medical Terminology Course <https://www.corexcel.com/html/online.medical.terminology.htm> Use the code INHSmt30 to receive \$30 off

Within one week of the application deadline qualified candidates will be notified of the entrance exam schedule. All applicants must successfully pass a written BLS exam with at least a 70%.

Applicants who are accepted will have ten (10) days to confirm, by registration into the course, their willingness to attend the program. Upon registration, applicants must make the minimum payment owing which is the total for all books and lab fees.

Application Procedure:

- A complete application packet
- Applicant's essay
- Passing the BLS computer based exam with at least a 70%
- A personal interview with the INHS Paramedic Program selection committee.
- Successful completion of the Anatomy and Physiology course (grade of C+ or better)
- Successful completion of the Medical Terminology course (grade of C+ or better)

Residents in Eastern Washington, North Idaho and those with active employment by and ambulance or fire service agency are given priority for entrance into the Paramedic Program.

All applicants will be notified in writing regarding either their acceptance or their rejection into the Paramedic Program.

Upon acceptance into the Program:

Students will need to submit complete immunization records including but not limited to:

- Measles, Mumps, Rubella, Rubeola
- Varicella (if not available, a letter stating when you had the actual illness)
- TB test results (results must be within the immediate past six months)
- Hepatitis B series, if not completed, documentation of starting the series
- Tetanus

If copies of records are not available, titers may be used to show immunization status. Proof of immunization will be collection at the start of the course.



Application Checklist

Please check each box to ensure you have attached all required information. It is strongly recommended applicants keep this information for future reference.

Your complete and signed Paramedic Application?	
The \$50 non-refundable application fee payable to INHS Health Training?	
Copy of your current driver's license or state issued identification card?	
Copy of your high school diploma or equivalent?	
Copy of high school and any post high school transcripts (i.e. technical school, college)	
Copy of your current American Heart Association Healthcare Provider (or equivalent) CPR card?	
Copy of your current state EMT and/or National Registry basic or advanced level certification, if applicable?	
Evidence of successful completion (grade of C+ or better) of a 200 level Anatomy & Physiology Course?	
Evidence of successful completion (grade of C+ or better) of a Medical Terminology course?	
One letter of reference from your immediate supervisor?	
A written or typed essay describing your EMS experience?	
Signed released form for the criminal background check?	

Thank you for choosing the INHS Health Training Paramedic Program

Mail complete application packet to:
INHS Health Training
Paramedic Program
501 N. Riverpoint. Ste 245
Spokane, WA 99202

For questions about the program or application call (509) 242-4264 or email healthtraining@inhs.org



Please submit full application to:

INHS Health Training
501 N. Riverpoint, Suite 245
Spokane, WA 99202
(509)242-4264

Course Start Date: _____

Demographic Information

Last Name _____ First Name _____ MI _____

Address _____ City _____ ST _____ Zip _____

Email Address _____ Birthdate _____

Driver's License Number/ State _____ Expiration _____

Home Phone _____ Cell Phone _____ Other _____

EMS Agency Data

EMS Agency Affiliation _____

Address _____ City _____ ST _____ Zip _____

Fire Chief or Supervisor _____ Phone _____

Academic Performance

Please submit one of the following documents with your application.

Academic Documentation Type	Year Completed	School
GED Certificate		
High School Diploma		
College Degree		

I certify the above information is accurate and complete. I have read and understand the course requirements.

Signature of Applicant

Date

Pursuant to the requirements set forth by governing entities, INHS must ask you to complete the following disclosure statement. This information will be kept confidential. Please answer fully and accurately.

Note: INHS will confirm your answers to these questions by obtaining background checks and license verifications as applicable.

You will be notified of any resulting issues within two (2) business days after all reports are received. INHS will make a copy of the report available to you upon your request.

1. Have you lived outside the state of Washington? No ____ Yes ____

If yes, list all previous counties with their states where you have lived, or other countries:

2. Have you ever been convicted of a crime? No ____ Yes ____

If yes, please identify the offense(s), provide the date(s) of the conviction(s), the name of the court and the sentence(s) imposed:

3. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? (Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed). No ____ Yes ____

If yes, please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed:

4. Have you ever had findings made against you would exclude you from participation in Medicare, Medicaid and other Federal Health Care Programs? No ____ Yes ____

If yes, please identify the offense(s), provide the date(s) of the conviction(s) imposed:

Inland Northwest Health Services may request your fingerprints to obtain from the criminal identification systems a report of your record of criminal convictions for offenses against person, civil adjudications of child abuse, and disciplinary board final decision.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, or allowed to participate in any of our programs/classes, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired or allowed to participate in any of our programs/classes, my employment/acceptance into the program/class is conditioned on satisfactory results of all background checks.

I hereby authorize INHS to obtain background checks and license verifications as applicable at any time during my employment/contract/volunteer service/student.

Name (Print): _____ Alias/Maiden: _____

Date of Birth: _____

SSN: _____

Signature: _____ Date Signed: _____

Address: _____ City: _____

State: _____ Zip Code: _____