



# Training Announcement

## Clark County Fire District 3

WA EMT-IV Endorsement Training Program

September 25th-27th

8:00 AM — 4:30 PM

In cooperation with SW Regional Emergency Medical Services & Trauma Care Council

Prerequisites: Must have completed one year of certification as an EMT by 12/1/2025 with a licensed EMS service and have an EMS agency recommendation.

Class size is limited to 20 personnel and will be given on a **first-come first-served** basis.

Class Cost \$450

(Preferred method is cash or check)

### Course Description

Successful completion of this course meets the requirements of the WA DOH Curriculum for EMT-IV Endorsement.

The course is not a national-level or Advanced EMT Level Certification.

### Course Curriculum

- Medical Legal Issues
- Documentation
- Clinical Decision Making
- Intravenous line placement
- Intraosseous Line placement
- Shock Management
- Basic Human Pathophysiology
- Lab Practical's (Classroom and Home Agency)

Register now using the attached application.

If you have any questions please contact:

Dustin Waliezer

EMS Training Captain

Clark County Fire District 3

17718 NE 159th St. Brush Prairie, WA 98606

Office: (360) 892-2331

Email completed applications to [IV2025@fire3.org](mailto:IV2025@fire3.org)



# 2025

## EMT-IV Credential Course Application

Clark County Fire District 3  
17718 NE 159th St., Brush Prairie, WA 98606

Dustin Waliezer—EMS Training Captain

[IV2025@fire.org](mailto:IV2025@fire.org)

(360) 747-3818

Email is preferred. Drop off is available at the above address.

### Demographics

Name: \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address: \_\_\_\_\_

WA EMT Credential #: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Affiliation Information

Name of Affiliated Agency: \_\_\_\_\_

Chief/Designee Signature: \_\_\_\_\_

By signing above, I affirm that the candidate has met the minimum prerequisites for the WA DOH EMT IV course requirements and has the ability to successfully complete the course.

..... Office Use Only .....

Rcvd Method (Email/Physical)

Rcvd By: \_\_\_\_\_ Date: \_\_\_\_\_