

# Regional EMS and Trauma Care Council Membership Extension Packet



**Regional Emergency Medical Services and Trauma Care Councils In Washington State**  
Regional emergency medical services (EMS) and trauma care councils are integral in supporting the state's EMS and trauma care system. These councils, established under RCW 70.168, develop and implement regional plans that assess, analyze, and work to address the unique emergency medical and trauma care needs of their communities. Regional planning responsibilities include identifying necessary personnel, facilities, and training; and advising the Department of Health on matters related to EMS and trauma care delivery within their regions.

For detailed information on Regional EMS and Trauma Care Council structure and responsibilities, please review [WAC 246-976-960](#).

## **Regional EMS and Trauma Care Council Members are appointed by the Washington State Department of Health**

Completed extension packets must be submitted to the Regional EMS and Trauma Care Council for which you are applying. Below is a list of the Regional EMS and Trauma Care Council mailing addresses and Executive Director emails.

### **Central Region EMS & Trauma Care Council**

PO Box 1442  
Enumclaw, WA 98022  
[randi@centralregionems.org](mailto:randi@centralregionems.org)

### **North Region EMS & Trauma Care Council**

4224 Gravelly Beach Road NW  
Olympia, WA 98502  
[greg.perry@pnwems.com](mailto:greg.perry@pnwems.com)

### **South Central Region EMS & Trauma Care Council**

#### **Southwest Region EMS & Trauma Care Council**

7202 NE Hwy 99: Ste 106-336  
Vancouver, WA 98665  
[regionems@gmail.com](mailto:regionems@gmail.com)

### **East Region EMS & Trauma Care Council**

#### **North Central Emergency Care Council**

PO BOX 4625  
Wenatchee, WA 98807  
[rcook@ncecc.org](mailto:rcook@ncecc.org)

### **Northwest Region EMS & Trauma Care Council**

PO Box 1910  
Shelton, WA 98584  
[admin@nwrems.com](mailto:admin@nwrems.com)

### **West Region EMS & Trauma Care Council**

5911 Black Lake Blvd. SW  
Olympia, WA 98512  
[director@wrems.com](mailto:director@wrems.com)

**Thank you for your interest in serving the Regional EMS and Trauma Care Council in your community.**

**To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov)**

# Regional EMS and Trauma Care Council Membership Extension Packet



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# Regional EMS and Trauma Care Council Membership Extension Packet



## Regional Council Member Summary of Roles and Responsibilities

In Washington State, regional emergency medical services (EMS) and trauma care council members play a pivotal role in shaping and overseeing the emergency medical services and trauma care infrastructure within their respective regions. Appointed by the Washington State Department of Health, these members reflect the diversity across geography, demographics, emergency care facility types, health profession types – all with the intent of representing the populations they serve. A leading responsibility of the regional councils is the development and implementation of comprehensive regional EMS and trauma care plans. These plans address critical aspects of the availability and efficient delivery of emergency medical and trauma care services in each region.

Regional councils collaborate with local EMS and trauma care councils to assess regional needs, recommend the distribution and levels of care for verified aid and ambulance services, and identify necessary facilities and resources to ensure optimal patient outcomes. Additionally, they play a key role in establishing regional patient care procedures, identifying training and education programs to meet regional and local needs, and advising on quality improvement initiatives. Through these efforts, regional council members ensure that EMS and trauma care services are well-coordinated and tailored to meet the specific demands of their regions.

Regional Council Members must reside or be employed in the region they are applying for.

They must have the authority and autonomy to represent the organization identified in their application.

Complete an on-boarding process which includes a review the [Regional Council Handbook](#) and an understanding of the responsibilities of a regional council member.

Regional Council Members must complete [Open Public Meetings Act](#) training within the last 48 months and be able to provide documented completion of such training upon request.

Additionally, they must have reviewed the Regional EMS and Trauma Care Council Strategic Plan, including the Patient Care Procedures Section for the region they are applying to.

Applicants must be informed of the regional council meeting schedule and come prepared to actively participate in meetings and the work of the council.

The links on this page provide access to information pertaining to the roles and responsibilities of the Regional Council Member and should be reviewed by Council Member applicants before completing this extension application.

### Links to Regional EMS and Trauma Care websites with meeting schedules/strategic plans below

Central Region: <https://centralregionems.org>

Northwest Region: <https://www.nwrems.org>

East Region: <https://www.eastregion-ems.org>

South Central Region: <https://screms.org>

North Region: <https://www.northregionems.com>

Southwest Region: <https://swems.org>

North Central Region: <https://www.ncecc.net>

West Region: <https://www.wrems.com>

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## Extension Packet Checklist

Only complete extension applications are considered for appointment. Use the application checklist to ensure your application is complete before forwarding it to the appropriate Regional EMS and Trauma Care Council Office.

### **Completed Membership Extension Application**

#### **Member Attestation**

You must print your name and read the statement thoroughly to ensure you understand the provisions in this section. Provide the date and city you are in, and then sign the statement. This must be complete for us to process your application.

#### **Agency/Organization Recommendation**

Your application requires recommendation from the agency or organization that you will be representing on the council. Applications without proper recommendation cannot be considered. Some positions on the regional council are for individuals who are not affiliated with an EMS agency or organization. These positions will typically require Local EMS Council Recommendation. Please consult the Executive Director for the Regional Council you are applying to confirm if your application will require an Agency/Organization recommendation. . **Applications not requiring this recommendation require a signature from the Regional Council Executive Director or Regional EMS and Trauma Council Chair to be considered complete.**

#### **Local Council Recommendation**

Your application requires recommendation from the Local Council that you represent. Applications without proper recommendation will be returned to the member. Some positions on the Regional EMS and Trauma Care Council are not affiliated with a Local Council. Please consult the Executive Director for the Regional Council you are applying to confirm if your application will require Local Council recommendation. **Applications not requiring this recommendation require a signature from the Regional Council Executive Director or Regional EMS and Trauma Council Chair to be considered complete.**

To ensure functionality of all drop down menus, auto fill operations and electronic signature options, this document should be completed using **Adobe Acrobat Reader**.

**This is highly encouraged and can be downloaded for free if you do not have it installed on your computer.**

# Regional EMS and Trauma Care Council Membership Extension Packet



## Regional Council Membership Extension Application

### MEMBER INFORMATION

**First Name**

**Last Name**

**Mailing Street Address**

**City**

**State**

**Zip**

**Email**

**Phone**

### REGIONAL EMS AND TRAUMA CARE COUNCIL POSITION INFORMATION

*What is your current position on the Regional Council?*

**Position Number**

**Primary**

**Alternate**

**Position Category**

**Region**

**What agency/organization do you represent on the council?**

**Who will recommend you for this position at the agency/organization listed above?**

**Name**

**Position/Title**

**Email**

# Regional EMS and Trauma Care Council Membership Extension Packet



## Member Personal Information

**First Name**

**Last Name**

**What year were you born?**

**What is your highest level of education?**

**Gender Identity (select all that apply)**

Male/Man

Female/Woman

Transgender Prefer

Nonbinary

not to answer

Gender not listed above

**What race or ethnicity do you consider yourself to be? (select all that apply)**

American Indian or Alaska Native

Latino(a), Hispanic or

Asian or Pacific Islander

Spanish White or Caucasian

American Black or African

Other, not listed

American

**Are you a Veteran of the US Armed forces?**

YES

NO

**Are you a citizen of the United States?**

YES

NO

**Do you have a permanent physical, sensory or mental condition that limits your daily life function?**

YES

NO

# Regional EMS and Trauma Care Council Membership Extension Packet



## Member Attestation

**Member First Name**

**Last Name**

### ATTESTATION ITEMS

I reside or work in the region I am applying for.

I have authority to represent the agency or entity identified in my application

I have reviewed the Regional Council Member Handbook and understand my responsibilities

I have reviewed the Regional Council Strategic Plan and Patient Care Procedures for the region I am applying to

I can provide documented completion of a recognized **Open Public Meetings Act** Training within the last 48 months

I have reviewed the Regional Council Meeting Schedule, and am able to come prepared and actively participate in meetings

**Could you or any member of your family be affected financially by decisions made by the Regional Council for which you serve?** *(If "yes," please explain below:)*

Yes

No

**Have you ever been convicted of or found to have committed a crime or offense? (Do not include traffic offenses for which the fine was less than \$200.)** *(If "Yes," please explain below:)*

Yes

No

I certify that the information provided in this application is true, correct and complete.

Member Signature

Date

# Regional EMS and Trauma Care Council Membership Extension Packet



## Agency/Organization Recommendation

### MEMBER INFORMATION

**First Name**

**Last Name**

**Region**

**Position Number**

**Primary**

**Alternate**

**Position Category**

**Local Council Represented**

### AGENCY/ORGANIZATION RECOMMENDATION INFORMATION

**Agency/Organization Name**

**Agency/Organization Mailing Address**

**Agency/Organization City**

**State**

**Zip**

**Agency/Organization Contact Name**

**Contact Title**

**Agency/Organization Contact Phone**

**Email**

### AGENCY/ORGANIZATION SIGNATURE

Member continues to represent our organization to the Regional EMS and Trauma Care Council and has the authority and autonomy to make decisions for and speak on behalf of our organization. *(Requires Agency/Organization Contact Signature)*

I affirm that this position does not require recommendation from a representative agency/ organization *(Requires Regional council chair or delegate signature)*

Agency/Organization Representative Signature

Date

Print Name

# Regional EMS and Trauma Care Council Membership Extension Packet



## Local Council Recommendation

### MEMBER INFORMATION

**First Name**

**Last Name**

**Region**

**Position Number**

**Primary**

**Alternate**

**Position Category**

### LOCAL COUNCIL INFORMATION

**Local Council Represented**

**Local Council Chair**

**Local Council Phone**

**Local Council Email**

Member is in good standing with the Local EMS council and has the authority and autonomy to make decisions for and speak on behalf of our Local EMS Council *(Requires Local Council Chair [Regional Council Chair in Central Region] Signature)*

I affirm that this position does not require recommendation from a representative agency/ organization *(Requires Regional council chair or delegate signature)*

Local Council Signature

Date

Printed Name

# Regional EMS and Trauma Care Council Membership Extension Packet



## Regional Council Recommendation

### MEMBER INFORMATION

**First Name**

**Last Name**

**Region**

**Position Number**

**Primary**

**Alternate**

**Position Category**

### REGIONAL COUNCIL INFORMATION

**Regional Council Chair Name**

**Regional Council Contact Phone**

**Email**

### REGIONAL COUNCIL CHAIR SIGNATURE

Member is in good standing with the Regional EMS Council, has met all of the membership requirements per the Regional EMS Council bylaws.

*(Requires Regional Council Chair or delegate signature)*

Member is not in good standing and/or does not meet membership requirements per the Regional EMS Council bylaws. *(Requires Regional Council Chair or delegate signature)*

Regional Council Signature

Date

Printed Name