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Below, provide a brief description of your OTEP program. On additional sheets, attach your three-year OTEP plan, your remediation plan, and a three-year schedule providing educational topics, time allotted, instructor and date.

3. Required Signatures

The application must be signed by the OTEP coordinator and the county medical program director. If the OTEP program covers more than one county, the MPD of each county involved must sign the application.

OTEP Coordinator/Agency Head Name (Print / Type):

Signature:	Date:
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County MPD or Designee (Print / Type):

Signature:	Date:
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4. Application Submission Instructions

Mail the completed application with all required signatures and attachments to the address below:

DOH—Office of Community Health Systems, Emergency Care System
 EMS Education and Training Consultant
 P.O. Box 47853
 Olympia, Washington 98504-7853

Contact Us: 360-236-2800, HSQA.EMS@DOH.WA.GOV

OTEP Minimum Requirements Checklist

Annual requirements:

- Cardiovascular education and training – HCP CPR / AED
- Spinal immobilization – Adult, pediatric, and geriatric patients.
- Patient assessment - Adult, pediatric, and geriatric patients.

- Airway skills (EMT-SGA/AEMT/PM – also PED)
- IV therapy – (EMT-IV, AEMT, PM)

Per certification requirements:

- Infectious disease – Must meet [RCW 70.24](#)
- Trauma – Adult, pediatric, and geriatric patients.
- Pharmacology – MPD approved medications
- Other pediatric topics – A&P, medical problems including special patient needs

Other:

- Conducted on a minimum of quarterly
- List of current ESE
- MPD or MPDD approved
- Didactic training – cognitive evaluation?
- Practical skills done in person.
- Remediation plan
- Medical emergencies, Behavioral emergencies, Obstetrics, Operations