

# CENTRALIA COLLEGE

## EMT – BASIC

### Documentation Checklist



**Student Name:** \_\_\_\_\_

**Required before course acceptance and registration:**

Apply to Centralia College (<https://apply.ctc.edu/>)

18+ within one year of course Completion Date

**Register at the CTE Office with the following:**

Class Registration

Sponsorship / Intent to Pay

Class Shirt Order Form

High School Diploma, GED, or Graduation Assurance

Criminal History Check Form

Washington State Patrol Background Check

### ACKNOWLEDGEMENT STATEMENTS

Although Centralia College does not require the COVID-19 vaccine, some clinical partners might. I understand that it is my responsibility to **VERIFY** before registration.

***\*DO NOT*** attach your vaccine information to your registration.

\_\_\_\_\_  
Initials I acknowledge that I will need to submit a “**Record of Vaccine Declination**” form or provide proof of COVID-19 vaccination prior to attending clinicals.

\_\_\_\_\_  
Initials I acknowledge that I will need to provide full vaccination records, including, but not limited to COVID-19, influenza, TDaP, MMR, and Hep B.

#### FOR OFFICE USE ONLY

Student ID \_\_\_\_\_  
Date Received \_\_\_\_\_  
Received By \_\_\_\_\_  
DL/DoB Verif: \_\_\_\_\_

Centralia College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance with access, equal opportunity and/or grievance procedures should be directed to the Vice President of Human Resources and Equity, Centralia College, 600 Centralia College Blvd, Centralia, WA 98531, call 360-623-8943, or email [hro@centralia.edu](mailto:hro@centralia.edu).



**ENROLLMENT SERVICES**  
CENTRALIA COLLEGE  
600 Centralia College Blvd  
Centralia WA 98531  
360.623.8976  
admissionscc@centralia.edu

## CLASS REGISTRATION FORM

Term: ☐ Summer ☐ Fall Year \_\_\_\_\_  
☐ Winter ☐ Spring

CTCLink ID#

Last Name

First Name

Middle Initial

Student SSN

Your social security number is confidential and, under a federal law called the Family Education Rights and Privacy Act, the college will protect it from unauthorized use and/or disclosure. Disclosure of your SSN# is in compliance with state/federal requirements. Disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcript, assessment or accountability research. Failure to submit your social security number may result in a financial penalty by the Internal Revenue Service.

Mailing Address

Previous Name (if applicable)

City

State

Zip

Day Phone

Email Address

Birthdate

Evening Phone

DROP CLASSES	CODE	COURSE DESC/SEC	CR	Instructor Signature (as needed)
			TOTAL	
Financial Aid Signature (Required for complete withdrawal)			Advisor Signature (as needed)	

ADD CLASSES	CODE	COURSE DESC/SEC	CR	Instructor Signature (as needed)
			TOTAL	
		Variable Credit Class Change only below		
	CODE	CLASS DESC	CREDIT FROM	CREDIT TO

### A. Program/Degree Seeking

1. \_\_\_\_\_ 2. \_\_\_\_\_

DATE \_\_\_\_\_ STUDENT SIGNATURE REQUIRED \_\_\_\_\_

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Updated 04/2025

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## EMT – BASIC

### Sponsorship & Intent to Pay



Registration priority is based on agency affiliation/sponsorship. You may register without an agency affiliation/sponsorship.

**Note:** To obtain provider certification, you must provide proof of active membership with a licensed aid or ambulance service, or an EMS service recognized by the department. [WAC 246-976-141](http://www.wa.gov/246-976-141)

## STUDENT INFORMATION

**Student Name** \_\_\_\_\_

**ctcLink ID** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

### INTENT TO PAY

- ☐ **Agency Paying**
- ☐ Tuition
- ☐ Fees
- ☐ Other
- ☐ **Student Paying**

**I acknowledge and understand the refund and withdrawal policy.**

**Initials** \_\_\_\_\_ Refunds are as follows: 100% prior to the first class, 90% the first week, 50% the second week, and 40% the third week. There are no refunds on books.

## AGENCY AFFILIATION

Information to be filled out by an agency representative. This indicates the above-listed student is affiliated with the agency.

**Fire District or Agency** \_\_\_\_\_

**Name of Responsible Person/Officer** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Responsible Person/Officer**

\_\_\_\_\_  
**Date**

## AGENCY SPONSORSHIP

Information to be filled out by an agency representative. By completing this section, the agency assumes responsibility for payment.

**Billing Contact Person** \_\_\_\_\_

**Billing Phone Number** \_\_\_\_\_

**Billing Email Address** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Signature of Responsible Person/Officer**

\_\_\_\_\_  
**Date**

**I acknowledge and understand the refund and withdrawal policy.**

**Initials** \_\_\_\_\_ Refunds are as follows: 100% prior to the first class, 90% the first week, 50% the second week, and 40% the third week. There are no refunds on books.

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## EMT – BASIC

### Class Shirt Order Form



EMT students are required to wear their class t-shirts to lecture and lab classes. For clinical experience, students are required to wear their EMT polo, slacks, and appropriate shoes. This will be discussed more in class.

#### STUDENT INFORMATION

**Student Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

#### EMT T-SHIRT

*Please indicate the appropriate size for each option below.*

**T-Shirt Size**      **S**      **M**      **L**      **XL**      **Other** \_\_\_\_\_

**Polo Size**      **S**      **M**      **L**      **XL**      **Other** \_\_\_\_\_

# CENTRALIA COLLEGE

## EMT – BASIC

### Graduation / GED Assurance



I submit this form as evidence that I am a high school graduate or have completed the general equivalency diploma (GED) test:

**Student Name** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Address** \_\_\_\_\_

**Street Address**

**City**

**State**

**Zip**

**Date Completed:** \_\_\_\_\_

#### **WAC 246-976-141: EMS Certification Requirement**

To obtain provider certification, you must provide proof of a high school diploma or GED for EMT, AEMT, and paramedic level certifications.

I affirm under penalty of perjury that I am a high school graduate or have passed the GED test, or that I will be prior to state licensure. I understand that the state may verify this information and that providing false or misleading information may result in the denial of my application and/or the revocation of my certification.

This is required by the State of Washington Office of Emergency Medical Services and Trauma Systems.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

# CENTRALIA COLLEGE

## EMT – BASIC

### Criminal History Consent



#### Policies and Procedures

1. Students and volunteers are made aware of this process prior to completing a student's background check.
2. This form must be submitted to the Instruction Office before the student or volunteer reports for their assignment.
3. The criminal history check results will be kept in a confidential file in the Instruction Office and program-specific offices where such files are needed to determine eligibility.
4. If the results reveal a conviction(s), the conviction information is provided to the outside agency considering the student's or volunteer's placement. The outside agency makes a determination as to whether the placement of the student or student volunteer is appropriate in their facility. Eligibility or opportunities to be placed in an off-campus facility may be withdrawn.
5. Students are provided a list of convictions that may eliminate them for consideration at an off-site employer.
6. The college serves a wide variety of people, including children under the age of 16. Particular emphasis is placed on checking for convictions defined in Washington State Law, Chapter 43.43.830 RCW, "Crime against children or other persons."

#### Consent Statement

I hereby authorize Centralia College, or its designee, to obtain background information, including but not limited to convictions, licensing, child and adult protective services, and professional licensing records, from any law enforcement, any state and federal agency, including other states and the FBI. I understand that I am signing this statement under penalty of perjury. I understand that any untruthful, purposefully misleading, or deliberate omission may result in my immediate disqualification or dismissal from my identified course and/or program.

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**Student Name**

---

**Date**

---

**Student Signature**

---

**Quarter**

**WASHINGTON STATE PATROL**  
Identification and Background Check Section  
PO Box 42633  
Olympia WA 98504-2633  
(360) 534-2000  
<http://watch.wsp.wa.gov>



**REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)**

- ☐ **\$32 Fee — Conviction Criminal History Record Information Based on Name and Date of Birth**  
• For an \$11 fee and an immediate response using a credit card, access our web site listed above.
- ☐ **\$58 Fee — Conviction Criminal History Record Information Based on Fingerprints**  
• A full set of fingerprints on a fingerprint card is required for processing.
- ☐ **\$10 Fee per Notary Seal — Notary Letter(s) in Addition to Criminal History Record Check**  
• Requesting \_\_\_\_\_ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

**SUBJECT INFORMATION: (Please type or print clearly)**

Applicant's Name \_\_\_\_\_  
Last First Middle

Alias/Maiden Name/Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month/Day/Year

**REQUESTOR INFORMATION: (Please type or print clearly)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP Code

Contact Phone Number ( ) \_\_\_\_\_

**Would you like your results e-mailed or mailed? (Please select only one)**

- ☐ Mailed (It may take 7 to 14 business days for response, when mailed.)
- ☐ E-Mailed\*

E-Mail Address \_\_\_\_\_

Password \_\_\_\_\_

(Password must be 8-15 characters)

\* Results can only be e-mailed for name and date of birth inquiries. Fingerprint-based background checks and notary letters will be mailed. Password is required to open encrypted PDF results.

# CENTRALIA COLLEGE

## EMT – BASIC

### DSHS Disqualifying Crimes



**WAC 388-113-0020: Which criminal convictions and pending charges automatically disqualify an individual from having unsupervised access to adults or minors who are receiving services in a program under chapters 388-71, 388-101, 388-106, 388-76, 388-78A, 388-97, 388-825, and 388-107 WAC?**

(1) Individuals who must satisfy background check requirements under chapters 388-71, 388-101, 388-106, 388-76, 388-78A, 388-97, 388-825, and 388-107 WAC must not work in a position that may involve unsupervised access to minors or vulnerable adults if the individual has been convicted of or has a pending charge for any of the following crimes:

(a) Abandonment of a child;	(x) Drug crimes involving one or more of the following:	(nn) Malicious placement of an explosive 1;	minor;
(b) Abandonment of a dependent person;	(i) Manufacturing or possession with the intent to manufacture a drug;	(oo) Malicious placement of an explosive 2 (less than five years);	(ggg) Sexually violating human remains;
(c) Abuse or neglect of a child;	(ii) Delivery or possession with the intent to deliver a drug other than marijuana;	(pp) Malicious placement of imitation device 1 (less than five years);	(hhh) Stalking (less than five years);
(d) Arson 1;	(iii) Delivery of marijuana (less than three years).	(qq) Manslaughter;	(iii) Theft 1 (less than 10 years);
(e) Assault 1;	(y) Endangerment with a controlled substance;	(rr) Murder/aggravated murder;	(jjj) Theft from a vulnerable adult 1;
(f) Assault 2 (less than five years);	(z) Extortion 1;	(ss) Possess depictions minor engaged in sexual conduct;	(kkk) Theft 2 (less than five years);
(g) Assault 3 (less than five years);	(aa) Extortion 2 (less than five years);	(tt) Promoting pornography;	(lll) Theft from a vulnerable adult 2 (less than 10 years);
(h) Assault 4/simple assault (less than three years);	(bb) Forgery (less than five years);	(uu) Promoting prostitution 1;	(mmm) Theft 3 (less than three years);
(i) Assault 4 domestic violence felony;	(cc) Homicide by abuse, watercraft, vehicular homicide (negligent homicide);	(vv) Promoting suicide attempt (less than five years);	(nnn) Unlawful imprisonment;
(j) Assault of a child;	(dd) Identity theft (less than five years);	(ww) Prostitution (less than three years);	(ooo) Unlawful use of building for drug purposes (less than five years);
(k) Burglary 1;	(ee) Incendiary devices (possess, manufacture, dispose);	(xx) Rape;	(ppp) Use of machine gun in a felony;
(l) Child buying or selling;	(ff) Incest;	(yy) Rape of child;	(qqq) Vehicular assault;
(m) Child molestation;	(gg) Indecent exposure/public indecency (felony);	(zz) Residential burglary;	(rrr) Violation of temporary restraining order or preliminary injunction involving sexual or physical abuse to a child;
(n) Coercion (less than five years);	(hh) Indecent liberties;	(aaa) Robbery 1;	(sss) Violation of a temporary or permanent vulnerable adult protection order (VAPO) that was based upon abandonment, abuse, financial exploitation, or neglect; and
(o) Commercial sexual abuse of a minor/patronizing a juvenile prostitute;	(ii) Kidnapping;	(bbb) Robbery 2 (less than five years);	(ttt) Voyeurism.
(p) Communication with a minor for immoral purposes;	(jj) Luring;	(ccc) Selling or distributing erotic material to a minor;	
(q) Controlled substance homicide;	(kk) Malicious explosion 1;	(ddd) Sending or bringing into the state depictions of a minor engaged in sexually explicit conduct;	
(r) Criminal mistreatment;	(ll) Malicious explosion 2;	(eee) Sexual exploitation of minors;	
(s) Custodial assault;	(mm) Malicious harassment;	(fff) Sexual misconduct with a	
(t) Custodial interference;			
(u) Custodial sexual misconduct;			
(v) Dealing in depictions of minor engaged in sexually explicit conduct;			
(w) Drive-by shooting;			

- (2) If "(less than 10 years)," "(less than five years)," or "(less than three years)" appears after a crime listed in subsection (1) of this section, the individual is not automatically disqualified if the required number of years has passed since the date of the conviction. This will result in a letter from the background check central unit indicating a character, competence, and suitability review is required before allowing unsupervised access to children or vulnerable adults. This provision applies to convictions that the department has determined under subsection (3) of this section as equivalent to a crime listed in subsection (1) of this section once the period of time listed in subsection (1) of this section has passed.
- (3) When the department determines that a conviction or pending charge in federal court or in any other court, including state court is equivalent to a Washington state crime that is disqualifying under this section, the equivalent conviction or pending charge is also disqualifying.
- (4) In instances where a court has issued a certificate of restoration of opportunity of one of the crimes listed above, according to the procedure in RCW 9.97.020, the conviction is not automatically disqualifying but is subject to a character, competence, and suitability review.

[Statutory Authority: RCW [74.08.090](#) and [74.39A.250](#). WSR 22-19-048, § 388-113-0020, filed 9/15/22, effective 10/16/22. Statutory Authority: RCW [74.08.090](#), [43.43.842](#), and [74.39A.056](#). WSR 21-23-014, § 388-113-0020, filed 11/4/21, effective 12/5/21; WSR 18-08-066, § 388-113-0020, filed 4/2/18, effective 5/3/18. Statutory Authority: RCW [74.08.090](#), [74.09.520](#), [74.39A.056](#). WSR 14-14-025, § 388-113-0020, filed 6/24/14, effective 7/25/14.]