

Application for EMS Recertification

Name: **BRANDON D CHURCH**
 Certification: **EMT** Credential No: **1174296**
 Last Issue Date: **11/1/2012** Expires: **11/30/2015**
 Current Agencies: **17D39 - King County Fire District #39 (Primary)**

It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application. Make sure you have read and understand the instructions.

The Certification Level I am Applying For is:

Certification Level: **EMT**

Your level of EMS certification cannot be changed using this online form. Other forms of certification, including Initial, Upgrade, Reversion, Reciprocity or others, can be found at www.doh.wa.gov/hsqa/emstrauma.

1. Are you *primarily* a "Paid" or "Volunteer" EMS Provider? **Paid**
2. Are you a high school graduate or have you earned a GED certificate? (First Responders exempt) **Yes**

EMS Agency Association Requirement:

Your Licensed EMS Agency:

County Agency
King 17D39 - King County Fire District #39

1. If you are recertified will you continue to provide EMS care with the agency you identified on this application? **Yes**

Recertification Requirements:

How have you met your continuing medical education (CME) requirements for the last certification period?

(If you are uncertain which type of CME you have earned, it is important you check with your training officer before submitting this application.)

OTEP

Receipt of County MPD Protocols

Protocol requirements do not apply to poison information specialists.

"I affirm that I have received a copy of the County MPD's protocols for my level of certification."

BRANDON D CHURCH**10/30/2012**

Applicant Name

Date

Applicant's Attestation

I, BRANDON D CHURCH, declare under penalty of perjury under the laws of the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

BRANDON D CHURCH**10/30/2012**

Applicant Name

Date

EMS Agency Supervisor Statement

- "I affirm "I do not affirm (explain below)

that if this applicant is recertified, he/she will provide patient care with our EMS agency."

**EDWARD PLUMLEE, King County Fire District
#39****10/31/2012**

Authorized Agency Supervisor

Date

EMS County Coordinator Statement

"I have reviewed the continuing education documentation provided by the applicant and

confirm that it is

- Consistent
- Not Consistent

with Washington Administrative Code (WAC) 246-976-161"

BLAKE HARRISON

11/1/2012

County Coordinator

Date

Medical Program Director Statement

The signature of the Washington State Medical Program Director (MPD) for the county where the applicant is providing care, or where his/her EMS agency is based, is required before state certification may be granted to this applicant.

- "I Recommend
- "I Do Not Recommend (explain below)

certification of this applicant based on the statements above, pending successful completion of the required examinations and/or evaluations. This applicant, if recommended for certification, has a copy of my county protocols."

Note: Protocol requirements do not apply to poison information specialists.

DR. MICKEY EISENBERG

11/1/2012

Medical Program Director

Date

Program Specialist Statement

Application Approved By Randall on 11/1/2012

Archive Application

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Personal Data Questions

Name: **BRANDON D CHURCH**
 Certification: **EMT** Credential No: **1174296**
 Last Issue Date: **11/1/2012** Expires: **11/30/2015**

County of *Primary* employment: **King**

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain in the box that appears after clicking 'Yes': **No**

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- b. How your field of practice, the setting or manner of practice have reduced or eliminated the limitations caused by your medical condition.

Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

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2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain **No**

- **"Currently"** means within the past two years.
- **"Chemical substances"** include alcohol, drugs, or medications, whether taken legally or illegally.

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3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism? **No**

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4. Are you currently engaged in the illegal use of controlled substances? **No**

- **"Currently"** means within the past two years.
- **Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of

all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another state or jurisdiction? **No**

Note: If you answered yes, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and your application will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
 a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? **No**

b. Diverted controlled substances or legend drugs?. **No**

c. Violated any drug law? **No**

d. Prescribed controlled substances for yourself? **No**

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach explanation and provide copies of all judgments, decisions, and agreements? **No**

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? **No**

9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? **No**

10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? **No**

11. Have you previously provided the Department of Health with information regarding any "yes" answers? **No**

Applicant Statement

I certify that the above information is true and correct.

BRANDON CHURCH

10/30/2012

Applicant Name

Date

Program Specialist Statement

I affirm I have reviewed the answers to the questions on this application.

Part 'D' reviewed by Randall

Comments:

Redaction Summary (0 redactions)

0 Privilege / Exemption reason used:

Redacted pages: