



Emergency Medical Services Division

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Medical Program Director

ACKNOWLEDGMENT OF RECEIPT
of Pierce County Emergency Medical Services
January 2008 PATIENT CARE PROTOCOLS with 2010 Changes

I acknowledge receipt of one copy of the January 2008 Pierce County Emergency Medical Services (EMS) Patient Care Protocols with the 2010 Changes. I realize that these are the approved guidelines and accepted standards of emergency medical care in Pierce County, Washington. I also attest that I have in my possession a copy of the current Handbook of Emergency Cardiovascular Care for Healthcare Providers (a.k.a. "The AHA Handbook").

I additionally agree to keep my copy of the Patient Care Protocols current by including all revisions, modifications, additions or deletions as disseminated by the Pierce County Emergency Medical Services Division.

I assume responsibility for informing the Pierce County EMS Division of any change in my mailing address so I can receive supplementary editions to the protocols as they are published.

Name (print)

Signature

Street/P.O. Box

Social Security Number

City, State, Zip

MSO Signature/Witness

Date