



Date
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Skagit County Verification Application

EMS Service Verification and Vehicle License Application

This is for: ☒ New ☐ Change of Ownership ☐ Amendment
☐ Renewal License # _____

Service Type: ☒ Ambulance (transport) ☐ Aid Service (non transport)

Level of care provided - Check only one: ☒ BLS ☐ ILS ☐ ALS

Check One

- | | | |
|--|--|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> Tribal Government Agency |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Non-Profit Corporation | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietor | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> State Government Agency | |

1. Demographic Information

UBI # 601 443 905		Federal Tax ID (FEIN) # 91-1580227	
Legal Owner/EMS Service Name JD Fuiten Cascade Ambulance, Metro West Amb			
Mailing Address 1482 Slater Rd., Suite A			
City Ferndale	State WA	Zip Code 98248	County Whatcom
Phone (enter 10 digit #) 360-380-3144		Fax (enter 10 digit #) 360-380-2117	
Email Address RKowsky@cascadeambulance.com		Web Address: www.cascadeambulance.com	
Name (Business name as advertised on signs or Web site) Cascade Ambulance Service, Inc.			
Physical Address 1482 Slater Rd. Suite A.			
City Ferndale	State WA	Zip Code 98248	County Whatcom/Skagit
Phone (enter 10 digit #) 360-380-3144		Fax (enter 10 digit #) 360-380-2117	
Mailing Address (If different than physical address) Same as above			
City	State	Zip Code	County

2. Specific Information			
Organization Type: (check one only)			
<input type="checkbox"/> City Fire Department	<input type="checkbox"/> Fire District	<input type="checkbox"/> Municipal (city/county)	
<input type="checkbox"/> City/Fire District Combined	<input type="checkbox"/> Hospital District	<input type="checkbox"/> Private Volunteer Association	
<input type="checkbox"/> EMS District	<input type="checkbox"/> Industrial Fire Department	<input type="checkbox"/> Search & Rescue	
<input type="checkbox"/> Federal Fire Department	<input type="checkbox"/> Law Enforcement	<input checked="" type="checkbox"/> Other <u>Privat AMB</u>	
Response Information			
Please provide the number for each EMS activity listed below, for your last full calendar year (if applicable, i.e. when changing the existing type of service. First time applicants need not provide this information):			
Primary Responses	<div style="border: 1px solid black; width: 100px; height: 20px; background: linear-gradient(to top right, transparent 49%, #ccc 49% 51%, #ccc 51% 100%);"></div>	Transports Primary/Secondary	<div style="border: 1px solid black; width: 100px; height: 20px; background: linear-gradient(to top right, transparent 49%, #ccc 49% 51%, #ccc 51% 100%);"></div>
Secondary Responses	<div style="border: 1px solid black; width: 100px; height: 20px; background: linear-gradient(to top right, transparent 49%, #ccc 49% 51%, #ccc 51% 100%);"></div>	Inter-facility Transports Only	<div style="border: 1px solid black; width: 100px; height: 20px; background: linear-gradient(to top right, transparent 49%, #ccc 49% 51%, #ccc 51% 100%);"></div>
3. Personnel Status			
Please submit your current roster from the Department of Health EMS Certification Online.			
Staffing Model: <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination			
Number of EMS personnel that are: <u>26</u> Paid _____ Volunteer			
Number of personnel non-credentialed that are: _____ AFA (Advanced First Aid) _____ Non-Medically Trained Drivers			
4. EMS Supervisor Information			
EMS Supervisor <u>Rick Kowsky</u>		WA State DOH Credential # (if applicable)	
Email Address <u>RKowsky@coscodelambulance.com</u>		Phone (enter 10 digit #) <u>360-380 3144</u>	
5. Supervision			
Name of County Medical Program Director <u>Matthew Russell, MD</u>		WA State DOH Credential # <u>MPD. ES. 60522386</u>	
Name of MPDD/Agency Physician <u>Michael Sullivan, MD</u>		WA State DOH Credential # <u>MPD. ES. 60040270</u>	
6. Additional Information			
Legal Owner Information—attach additional sheets as needed			
List names, addresses, phone numbers, and titles of corporate officers, partners, members, managers, etc.			
Name	Address	Phone (enter 10 digit #)	Title
<u>JD Fuiten</u> <u>Metro West Amb</u>	<u>5475 Dawson Creek Dr.</u> <u>Hillsboro, OR 97124</u>	<u>503 648 6658</u>	<u>Pres/owner</u>
<u>Rick Kowsky</u> <u>Cascade Ambulance</u>	<u>1482 Slater Rd Ste A</u> <u>Ferndale, WA 98248</u>	<u>360 380 3144</u>	<u>Pres</u>
Change of Ownership Information			
Previous Name of Legal Owner		Previous Service Credential #	
Previous Name of Service		Effective Date of Change	

7. Emergency Medical Vehicles

Please provide the following information for all vehicles to be licensed. Vehicle location is the address in which the vehicle is physically located. Indicate the type of vehicle(s):

AMB = ambulance; AID = aid vehicle (as defined in [RCW 18.73.030](#) and consistent with [RCW 70.168](#)).

See our website for the complete [EMS and Trauma Care System Statutes](#).

Physical address of vehicle

1482 Slater Rd, Suite A

City Ferndale

State WA

Zip Code 98748

County Whatcom

Vehicle Information

Year 2010

Make and Model Chevrolet G 4500 Type III

☒ AMB ☐ AID

License Plate Number

C 24949 N

VIN

1GB9G5B66A 1133315

Year 2010

Make and Model Chevrolet G 4500 Type III

☒ AMB ☐ AID

License Plate Number

C 24948 N

VIN

1GB9G5B67A 1108864

Year 2018

Make and Model Dodge Ram 3500 Type I

☒ AMB ☐ AID

License Plate Number

C 39615 Z

VIN

3C7 WRSBL3JG 12496Z

Year 2018

Make and Model Dodge Ram 3500 Type I

☒ AMB ☐ AID

License Plate Number

D 16964 B

VIN

3C7 WR5BL5JG 124963

Physical address of vehicle

5Kagit Vehicles to be placed upon verification issuance

City

State

Zip Code

County

Vehicle Information

Year

Make and Model

☐ AMB ☐ AID

License Plate Number

VIN

Year

Make and Model

☐ AMB ☐ AID

License Plate Number

VIN

Year

Make and Model

☐ AMB ☐ AID

License Plate Number

VIN

Year

Make and Model

☐ AMB ☐ AID

License Plate Number

VIN

8. General Operation

Please describe the general operation of your service; including how it will operate in a manner consistent with [WAC 246-976](#), the Regional Plan, and approved Regional Patient Care Procedures. For more information on agency and vehicle licensing see [website](#).

Provide an explanation of your:

1. Dispatch plan Please see Attachment #1
2023 Skagit County BLS verification Application

2. Response plan _____

3. Response area _____

4. Type of transport - please circle one: Emergency, Interfacility, Both, or N/A.

5. Tiered response and rendezvous _____

6. Back-up plan to respond (may not apply to agencies doing interfacility transports only) _____

Note: Other services involved in your response plan must be informed by you that they are participants and must agree to that participation. Attach additional completed pages if you need more space.

9. Rural Service Attestation:

To be completed by agencies with non-medically trained ambulance drivers

I hereby affirm and declare that the information provided on this application is true and correct, and that:

1. We have verified that each non-medically trained driver is at least 18 years of age.
2. We have performed a Washington State Patrol background check and have verified that each non-medically trained driver has no reported offenses.
3. We have verified that each non-medically trained driver holds a valid driver's license with no restrictions.

Signature of Owner/Operator

Date

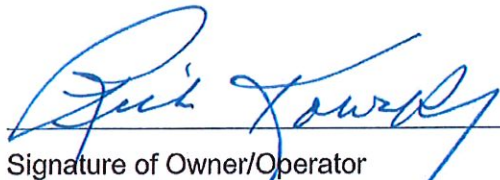
Print Name

Print Title

10. Signatures

I hereby affirm and declare that the information provided on this application is true and correct, and that:

1. We operate in a manner that is consistent with the Washington State Triage tools; EMS and Trauma Care Council Regional Plan, pre-hospital Patient Care Procedures, and department approved County Operating Procedures.
2. Our current certified EMS personnel are familiar with and utilize a Department of Health approved Medical Program Director (MPD) patient care protocols.
3. The vehicles identified on page three meet the minimum equipment requirements for the level and type of trauma verification requested by our service.
4. We meet the minimum staffing requirements as identified on page four.
5. We maintain current liability insurance coverage.
6. In accordance with [RCW 43.70.490](#), our certified EMS personnel are adequately trained in and familiarized with techniques, procedures, and protocols for best handling situations in which persons with particular disabilities are present at the scene of an emergency.



Signature of Owner/Operator

May 31, 2023

Date

Rick Kowsky

Print Name

President

Print Title

Cascade Ambulance Service, Inc.
Washington State Department of Health
2023 Skagit County BLS Verification Application
Agency Number 37X02, Credential Number AMBV.ES.00000827

Attachment 1

Cascade Ambulance Service, Inc. operates in a manner consistent with sections 246-976-260 through 246-976-370 of the Washington Administrative Code. Additionally, the company attempts to function in full compliance with the Regional Plan and approved Regional Patient Care Procedures.

Dispatch Plan

Callers desiring our service may contact the EMD trained company dispatch center via 10-digit telephone number (or, alternatively, via toll-free 800 number from US callers). The local dispatch center is staffed between the hours of 0800 and 1700, five days per week, M-F. Outside of local dispatch timeframes, Cascade's crews are dispatched by Olympic Ambulance / Metro West. Olympics' accredited dispatch center in Bremerton, WA. Crews are alerted to calls via the Push-to-Talk feature with ATT / FirstNet communications. When needed, the crews may be dispatched as mutual aid for the fire department; this is done via telephone and direct VHF radio contact with the area 911 dispatch center. Ambulance fleet is also tracked by GPS and can be accessed 24/7 by our dispatch or Administrative / Supervisory Staff.

Response Area & Plan

Our current response area consists primarily of Whatcom and Skagit Counties, with regular transportation throughout the North Region. We also regularly provide transportation services to Seattle and Vancouver, British Columbia (we have been granted reciprocity by the BC Ministry of Health for trans-border operations). Within this operating area, we operate three full-time BLS ambulances, which are available 24 hours per day, year-round. We are currently looking to secure a satellite location in the Burlington / Mt. Vernon area to meet the provisions of Trauma Verification and add one or two additional units and crews consisting of EMT's and Critical Care Nurses. A large percentage of our calls are pre-scheduled, non-emergent Basic Life Support discharges but will have the full capacity to provide pre-hospital or emergency BLS calls when requested. Emergent (hospital-bound) calls are given priority, and additional crews and units can be added or shifted from other bases as needed. Non-emergent transports are delayed accommodating emergency patients as a priority. Targeted response times are four minutes during the day and six-eight minutes from 2200 to 0700; these times are reduced for mutual aid operations when requested by fire or EMS. Crews are directed to arrive on scene for pre-scheduled transport requests ten minutes prior to the scheduled or requested pickup times.

Type of Transport

Cascade Ambulance Service provides Basic Life Support (BLS) level field care and transportation to local hospitals for the sick and injured. Cascade also will be providing interfacility transports for both emergency as well as non-emergency Advanced Life Support and Critical Care transports. Cascade holds contracts with area hospitals and medical facilities to provide first response for patients requiring BLS emergency ambulance service and transport. We also provide BLS standby services for sporting and cultural events which require an ambulance to remain in attendance, such as motorcycle or bicycle races, high school football games, and large concerts.

Tiered Response & Rendezvous

The EMD trained company dispatch centers perform criteria-based call screening to determine whether a given call falls within the capabilities of our BLS crews. Further, we distribute screening manuals to and provide training for the staff members of local nursing homes. Our dispatcher refers all calls which appear to require ALS transport directly to the local 911 center. For the BLS calls which we accept, a response is made by a crew consisting of two EMT's or one EMT and cross trained Registered Nurses. Long-distance calls are staffed BLS or ALS using Registered Nurses at the request of the ordering physician.

In the event that our BLS crews encounter a patient whose history, signs and symptoms appear to present indications for ALS field intervention, they are required to notify 911 and request an ALS unit from the local fire department or EMS agency, initiating BLS care until the arrival of the paramedics.

Backup Response Plan

The company's backup plan includes contingencies for loss of crews due to injury or illness, loss of transport vehicle due to accident or malfunction, and inability to accommodate requests for service due to high call volumes. Cascade being a member of the Metro West family of companies allows us the depth and access to the resources of one of our sister companies, Olympic Ambulance Service located in Pierce and Thurston counties. Cascade also has a pool of on-call crewmembers for call-backs. One or two backup ambulances are always maintained in readiness in our Ferndale location, available to substitute in the event of a unit going out of service for scheduled or unscheduled maintenance or repair. Additional personnel and vehicles may be added to any given shift should the need for such become apparent, or in the event of long-distance transport being performed.

Local fire and EMS are also available to provide backup when all company units are unavailable or unable to respond. Long-distance transport is also provided by our sister company Olympic Ambulance.

Interagency Relations

Cascade Ambulance has historically provided a very active role in all regional plans and has an excellent track record of interaction with all providers in the Whatcom / Skagit county areas. Further, Cascade Ambulance has held a position on the North Region EMS/TCC for over thirty-years.

Needs and Distribution

Skagit County has been very proactive in consideration of expansion in the arena of Min/Max numbers and securing one of the BLS Trauma Verified service numbers is consistent with the regional plan. As the application and assignment of Verified status allows Cascade to meet contractual obligations to insurance companies and healthcare facilities, it does so without creating an unnecessary duplication of resources and fits the needs of the Approved Regional Plan.

Trauma Training Program

1. Each field provider is trained to the protocol standards for the service area in which they are operating in. Staff coming from other agencies, counties, or systems are placed through a training period and protocol review. Each provider is trained and achieves proficiency with the protocols, they will be run through a protocol testing process laid out by the county and approved by the Medical Program Director or internally if that a process is not established. All of this is achieved prior to our providers making contact with patients. All local protocols are reviewed on an annual basis and as part of OTEP.
2. Our service assures that our personnel have thorough understanding of their obligation to comply with the MPD protocols. This includes field providers that may have protocols in neighboring counties that may provide interfacility work. Crews with primary and secondary agencies will receive thorough expectations on protocols depending on where the transport originates and or the destination. For BLS specifically, differences in protocols are noted as part of the training period (e.g. supraglottic vs. no supraglottic) and any deviation from protocols are flagged through chart review and appropriately escalated/reported to the Medical Officer, EMS Office, and MPD for further review and action.
3. When protocol revisions or additions are implemented by the county MPD, training sessions and quizzes are conducted to ensure all field providers understand the changes to their scope. All new additions to our provider list are also mandated to review and test to the standards listed above.
4. New employees entering the organization will always receive protocol training, review, and testing as part of their orientation and training prior to being released to care for patients. These personnel will also be a part of the testing cohorts whenever updates or revisions are made.

Participation and Compliance with Regional Quality Improvement

Cascade Ambulance maintains our own internal CQI to constantly improve our patient care while comparing our feedback from our physician advisors and directors. This has led to improvements in everything from our BLS and Critical Care documentation to the implementation of a Code STEMI, Code Stroke, and Code Sepsis programs. Additionally, participation in partner health system and county/region EMS QI Committees are an important piece to ensuring and empowering a culture of quality across the system. Cascade Ambulance plans to participate in any of these that are pertinent to the care and customers we are serving. Cascade Ambulance and Metro West highly value QI and look forward to bringing that passion into our Skagit County operation.

Cascade Ambulance Service, Inc.
Washington State Department of Health
2023 Skagit County BLS Verification Application

Attachment 2

Emergency Response and Transportation

Cascade Ambulance Service, Inc., once in place with its satellite base in the Burlington / Mt. Vernon area, will be available for emergent response and transport via mutual-aid or dual-response request from the following Fire Departments or Fire Districts.

City of Anacortes	SKFD #11	SKFD #13	City of LaConner	SKFD #5
SCFD #12	SKFD #2	SKFD #6	SCFD #1	SCFD #3
City of Burlington	City of Mt. Vernon	SCFD #15	SCFD #9	
SCFD #4	SCFD #8	SCFD #14	City of Sedro Woolley	Town of Hamilton
SCFD #16				

Facility Response and Transportation

Cascade Ambulance Service, Inc. has been providing services to Facilities in Skagit County under contract for over thirty years. Cascade / Metro West have multiple contracts for services for all facilities falling in the geographic footprint of Skagit County. The facilities include the following.

PeaceHealth United General Hospital	Skagit Valley Hospital	Ashley Gardens, Mt. Vernon
Birchview, Sedro Woolley	The Bridge, Mt Vernon	County Meadow Village, Sedro Woolley
Creekside Continuing Care, Burlington	Cypress Assisted Living, Anacortes	
Soundview Rehabilitation, Anacortes	Homeplace, Burlington	Josephine Caring Community, Stanwood
La Conner Retirement Inn, La Conner	Life Care Center of Mt. Vernon	Life Care Center of Skagit Valley
Mira Vista Care Center, Mt. Vernon	Mt. Glen Retirement, Mt. Vernon	Regency Pacific, Coupeville
Forest Lane Assisted Living, Warm Beach	Where the Heart Is, Burlington	Whidbey Island Manor, Oak Hbr.

Contract Services

Cascade Ambulance Service / Metro West Ambulance has multiple proprietary State, Federal, and Private insurance contracts that have been and must be supported by our services.



METRWES-01

W1CWOODS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/4/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
AssuredPartners of Oregon, LLC
2000 Pacific Ave
Forest Grove, OR 97116

CONTACT Crystal Woods
PHONE (A/C, No, Ext): (503) 906-8922 FAX (A/C, No): (503) 716-1022
E-MAIL ADDRESS: crystal.woods@assuredpartners.com

INSURED
Cascade Ambulance Service, Inc.
Dba Cascade Specialized Transport
1482 Slater Rd, Ste A
Ferndale, WA 98248

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Arch Insurance Company	21199
INSURER B: Paratransit Insurance Co	44130
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			UFL0060503-05	10/4/2022	10/4/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PG117122	10/4/2022	10/4/2023	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				
A	Errors and Omissions			UFL0060503-05	10/4/2022	10/4/2023	Prof Liab \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Verification of Coverage

CERTIFICATE HOLDER

CANCELLATION

Washington State Dept of Health Dept of EMS & Trauma
PO Box 47853
Olympia, WA 98504

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Cascade Ambulance Service, Inc.

**1482 Slater Road, Suite A
Ferndale, WA 98248**

April 24, 2023

Cascade Ambulance Service
Metro West Ambulance

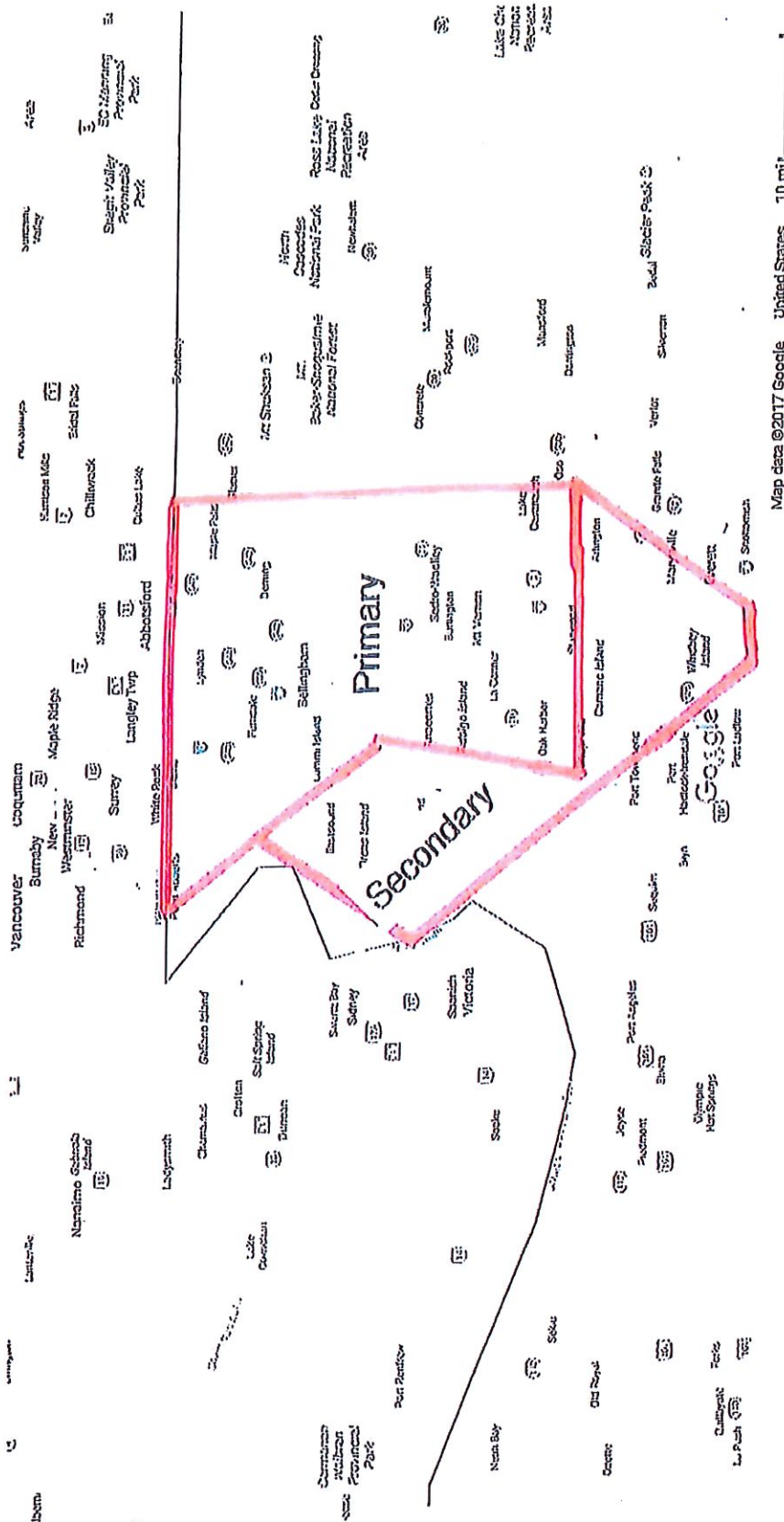
Skagit County BLS Trauma Verification
Service area map, Primary and Secondary

Cascade Ambulance Service has been providing a high level of services to both the Primary and Secondary service areas shown on the attached map with additional services provided throughout the North Region. It gives me great pleasure to announce that Cascade has been providing these services to greater Northwest Washington since March of 1993.

Our primary service areas include all populated and rural areas of both Whatcom and Skagit counties including the Mt. Baker National Forest.

Secondary service areas include all the greater San Juan Islands and Whidbey Island. Extended service areas include transport to and from the greater Everett and Seattle areas including destinations throughout Washington state and the lower mainland of British Columbia, Canada.

Google Maps



Washington State Department of Health
This organization

Cascade Ambulance Service

is authorized by RCW 18.73 to have an

Ambulance Service Verified License

Operated by: Cascade Ambulance Service Inc

Level of Care BLS

Located at: 1482 Slater Rd Ste A
Ferndale, WA 98248-8919

Agency Number

37X02

Status

ACTIVE

Credential Number

AMB.VES.00000827

Effective Date

01/01/2022

Expiration Date

12/31/2023



Secretary

THIS LICENSE IS NON-TRANSFERABLE

EMS Online Agency Roster

Report Date: 4/19/2023 2:39:54 PM

Agencies Selected: 37X02-Cascade Ambulance Service (Expr. 12/31/2023)

Name	Credential Number	Expiration Date	Agency Name	Primary	IVTherapy Training	ESE	SEI
Baily, Ryan Douglas	EMT.ES.61387 875	4/30/2026 12:00:00 AM Service	37X02-Cascade Ambulance	No		11/19/2022	
Blatner, Jesse Daniel	EMT.ES.61408 950	12/31/2026 12:00:00 AM Service	37X02-Cascade Ambulance	Yes		02/26/2022	
Crowder, Riley Richard	EMT.ES.61428 035	12/31/2026 12:00:00 AM Service	37X02-Cascade Ambulance	Yes		12/06/2022	
Dunagan, Mark Kelly	EMT.ES.61272 673	4/30/2025 12:00:00 AM Service	37X02-Cascade Ambulance	No		12/07/2021	
Gaither, Ryan Patrick	EMT.ES.61100 532	12/31/2023 12:00:00 AM Service	37X02-Cascade Ambulance	Yes			
Gizzi, Jenna Kathryn	EMT.ES.61160 792	12/31/2024 12:00:00 AM Service	37X02-Cascade Ambulance	Yes		02/28/2021	
Gombasy, Sean Robert	EMT.ES.60883 780	12/31/2024 12:00:00 AM Service	37X02-Cascade Ambulance	Yes		06/20/2019	
Grimaldo, Miguel Eduardo	EMT.ES.61397 350	12/31/2026 12:00:00 AM Service	37X02-Cascade Ambulance	Yes		12/06/2022	
Hall, James Morgan	EMT.ES.01167 667	12/30/2023 12:00:00 AM Service	37X02-Cascade Ambulance	No			
Jenman, Nadia Lorine	EMT.ES.61385 798	12/31/2025 12:00:00 AM Service	37X02-Cascade Ambulance	Yes		12/11/2021	
Jones, Miles Christopher	EMT.ES.61230 895	12/31/2024 12:00:00 AM Service	37X02-Cascade Ambulance	Yes		12/15/2020	
Kahn, Dylan Jules	EMT.ES.61397 076	12/31/2026 12:00:00 AM Service	37X02-Cascade Ambulance	Yes		12/06/2022	
Kreischer, Kyle Dillon	EMT.ES.61211 610	6/30/2025 12:00:00 AM Service	37X02-Cascade Ambulance	Yes		03/20/2021	
Lott, Makinzie Janae	EMT.ES.61285 919	5/31/2025 12:00:00 AM Service	37X02-Cascade Ambulance	No		06/20/2021	
Mabie, Kyle Matthias	EMT.ES.61383 067	12/31/2025 12:00:00 AM Service	37X02-Cascade Ambulance	Yes			
McPherron, Keaton Todd	EMT.ES.61208 361	5/31/2025 12:00:00 AM Service	37X02-Cascade Ambulance	No		06/19/2021	
Parrish, Madeline Nicole	EMT.ES.61296 571	12/31/2025 12:00:00 AM Service	37X02-Cascade Ambulance	Yes			

EMS Online Agency Roster

Report Date: 4/19/2023 2:39:54 PM

Agencies Selected: 37X02-Cascade Ambulance Service (Expr. 12/31/2023)

Name	Credential Number	Expiration Date	Agency Name	Primary	IVTherapy Training	Supraglottic	ESE	SEI
Py, Cooper Alexander	EMT.ES.61374 129	12/31/2025 12:00:00 AM	37X02-Cascade Ambulance Service	Yes		06/19/2022		
Rivers, Kelley D	EMT.ES.60286 348	12/23/2024 12:00:00 AM	37X02-Cascade Ambulance Service	Yes				
Strauch, Jacqueline Lorraine	EMT.ES.00131 149	12/31/2024 12:00:00 AM	37X02-Cascade Ambulance Service	No				
Stuit, Harlon Steve	EMT.ES.61374 191	12/31/2025 12:00:00 AM	37X02-Cascade Ambulance Service	Yes		08/17/2022		
Taylor Mixon, Ian Forest	EMT.ES.60887 375	12/31/2024 12:00:00 AM	37X02-Cascade Ambulance Service	Yes				
Vanwagoner, Gabriel Aaron	EMT.ES.61331 990	12/31/2025 12:00:00 AM	37X02-Cascade Ambulance Service	Yes		06/22/2021		
Wolf, Nicholas Jordan	EMT.ES.61430 525	12/31/2026 12:00:00 AM	37X02-Cascade Ambulance Service	Yes		12/06/2022		
Worden, Dwight James	EMT.ES.60531 039	8/31/2025 12:00:00 AM	37X02-Cascade Ambulance Service	No		04/02/2018	Y	
York, Madeline Faye	EMT.ES.61367 091	12/31/2025 12:00:00 AM	37X02-Cascade Ambulance Service	Yes				



Regional Council Review and Comment

This portion to be completed by the service applying for licensure and mailed to the department with your completed application packet.

EMS Service Name Cascade Ambulance Service
Metro West Ambulance
Address: 1482 Slater Rd., Suite A Ferndale, WA
98248
Contact Person Rick Kowsky
Phone (enter 10 digit #): 360 380 3144 Date: April 25, 2013

Level of care provided on a 24-hour basis: ☒ BLS ☐ ILS ☐ ALS

☒ Ambulance (transport) ☐ Aid Service (non-transport) ☐ Air Ambulance

The signature below is required in accordance with WAC 246-976-390. Please note that only DOH may approve licensure and verification of services.

This portion to be completed by the Regional Council Representative and returned to the department.

Does this application for verification appear to be consistent with the Regional Plan?

- ☐ Yes
☐ No Attach documentation to explain a "No" answer.

Regional EMS Council Representative

EMS Region

Signature

Date