

WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No. _____

Originating Department: _____	
Division/Program: <i>(i.e. Dept. Division and Program)</i> _____	
Contract or Grant Administrator: _____	
Contractor's / Agency Name: _____	
Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract? Yes No Yes No If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: _____ Does contract require Council Approval? Yes No If No, include WCC: _____ Already approved? Council Approved Date: _____ (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100) Is this a grant agreement? Yes No If yes, grantor agency contract number(s): _____ CFDA#: _____ Is this contract grant funded? Yes No If yes, Whatcom County grant contract number(s): _____ Is this contract the result of a RFP or Bid process? Contract Yes No If yes, RFP and Bid number(s): _____ Cost Center: _____ Is this agreement excluded from E-Verify? No Yes If no, include Attachment D Contractor Declaration form. If YES, indicate exclusion(s) below: ☐ Professional services agreement for certified/licensed professional. Goods and services provided due to an emergency ☐ Contract work is for less than \$100,000. ☐ Contract for Commercial off the shelf items (COTS). ☐ Contract work is for less than 120 days. ☐ Work related subcontract less than \$25,000. ☐ Interlocal Agreement (between Governments). ☐ Public Works - Local Agency/Federally Funded FHWA.	
Contract Amount:(sum of original contract amount and any prior amendments): \$ _____ This Amendment Amount: \$ _____ Total Amended Amount: \$ _____	Council approval required for; all property leases, all Interlocal agreements, contracts or bid awards exceeding \$75,000, and grants exceeding \$40,000 and and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when: 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance. 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.
Summary of Scope: _____	
Term of Contract: _____	Expiration Date: _____

Contract Routing:	1. Prepared by: _____	Date: _____
	2. Attorney signoff: _____	Date: _____
	3. AS Finance reviewed: _____	Date: _____
	4. IT reviewed (if IT related): _____	Date: _____
	5. Contractor signed: _____	Date: _____
	6. Executive contract review: _____	Date: _____
	7. Council approved, if necessary: _____	Date: _____
	8. Executive signed: _____	Date: _____
	9. Original to Council: _____	Date: _____

INTERAGENCY AGREEMENT
Between
Camano Fire and Rescue
And
Whatcom County Emergency Medical Services/Whatcom County
Paramedic Training Program

Whatcom County Emergency Medical Services, (hereinafter the "County"), and Camano Fire and Rescue, (hereinafter the "Department"), in consideration of the mutual covenants herein, agree as follows:

- I. **Purpose:** This Agreement is meant to provide paramedic training for up to one (1) Camano Fire and Rescue Firefighter/EMT in the 2026 Paramedic Training class administered by the Bellingham Fire Department (BFD), accreditation affiliation with Bellingham Technical College (College), funded by the Whatcom County EMS Levy.
- II. **Program Administration:** It is understood that the County and the Department shall be responsible for the direct supervision of their respective employee and that nothing in this Agreement will interfere with the employer/employee relationship or the functioning of the Department or County herein named. In compliance with applicable law and State records guidelines, both parties will maintain documentation and/or records relevant to the program in this Agreement.
- III. **Financial Responsibility:** The 2026 Paramedic Training Program is paid for by the Whatcom County Countywide Emergency Medical Services Fund. The Department is responsible for all wages, benefits and insurance coverage for its participant.
- IV. **Financial Agreement:** The Department will pay the County **\$55,600** for direct costs of student participation and a portion of common costs for the 2026 Paramedic Training Program as described in **Exhibit A - Detail of Student Costs**. One-half of the agreed total student cost will be paid when the paramedic training program is half-complete and the remaining second half is paid once the program has been completed.
- V. **Program Sponsorship:** The College shall be the sponsoring institution and, as such, the program will operate within the College's appropriate policies and procedures.
- VI. **Program Approval:** The paramedic training program is approved through the Washington State Board for Community and Technical Colleges and the Washington State Department of Health. Accreditation is granted through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

VII. Responsibilities of the Department:

- A. Provide recommendation for enrollment of student into Paramedic Training by the Fire Chief and the Department Medical Program Director.
- B. Obtain concurrence from the College, County, Paramedic Training Medical Program Director and BFD for the selection of qualified EMT's for enrollment in the Paramedic Training program.
- C. Provide weekly or monthly, depending on need, direct leadership and preceptor liaison with the Paramedic Training Lead Instructor for the purposes of monitoring student progress and activities.
- D. Reimburse the County for agreed expenses as described in Exhibit A.

VIII. Objectives of Paramedic Training Course:

- A. Paramedic Training will provide the pre-requisite (60-hour/ 5 Credit) Anatomy and Physiology Course through a combination of online and laboratory learning.
- B. Paramedic Training will provide approximately 1300 clinical hours to the Paramedic Candidate. Preceptorships will be provided by the Bellingham Fire Department. Students should generally see about 500 patients when precepting on the ALS units. In addition, these clinical hours include training with the hospital emergency department, operating room, intensive care unit & maternity units, along with observation days at Children's Hospital and Harborview Medical Center as part of the learning experience. Students average about 150 IV's and about 20 Intubations during this time.
- C. Paramedic Training will provide 650 classroom hours for both didactic and simulation lab learning.
- D. Provide weekly or monthly, depending on need, progress reports to the Department liaison.
- E. Provide Paramedic Student Evaluations (Approximately 20).
- F. Provide Physician-Level Evaluations for certification.
- G. Prepare the student for National Registry of EMT's (NREMT) testing and certification.

IX. Paramedic Training Program admission requirements:

- A. Eligible Advanced Life Support Departments and Whatcom County Fire Departments or District employees meeting admission requirements as set forth in RCW 18.71.205 and WAC 246.976.041, will be considered for the program upon recommendation of the Paramedic Course Director. Enrollment is not open to the public.
- B. All students accepted for admission must have current Emergency Medical Technician (EMT) certification and a high school diploma or equivalent as per Washington State Department of Health (DOH) guidelines.
- C. Out-of-County students must be affiliated with an Advanced Life Support Agency and will have the recommendation of the Fire Chief and Out of County Medical Program Director or Supervising Physician to enroll in the Paramedic Training Program.

X. Program Administration:

College Supervisor: Matthew Santos, Dean of Allied Health, Bellingham Technical College, 3028 Lindbergh Ave., Bellingham, WA, 98225, (360) 752-8316, msantos@btc.org

Paramedic Training Medical Program Director: Dr. Emily Welch 1500 N. State St., Bellingham, WA 98225 (360) 778-8413 ewelch@co.whatcom.wa.us

Whatcom County EMS Paramedic Course Liaison: Steven Cohen, BS, EMS Training Specialist; 800 E. Chestnut St. Bellingham, WA 98225 (360) 820-6157
scohen@co.whatcom.wa.us

Bellingham Fire Department; Course Director: Div. Chief Scott Ryckman MS, Medical Services Officer, Bellingham Fire Department, 1800 Broadway, Bellingham, WA, 98225, (360) 778-8413, sryckman@cob.org

Paramedic Lead Instructor: Cap. Todd Fisher, Bellingham Fire Department, 1800 Broadway, Bellingham, WA 98225, (360) 778-8413, tfisher@cob.org

- XI. **Nondiscrimination:** There will be no discrimination against any participant covered under the Agreement because of race, color, religion, national origin, sex (including pregnancy and parenting status), disability, age, veteran status, sexual orientation, gender identity or expression, marital status or genetic information in programs or activities including employment, admissions, and educational programs.
- XII. **Liability:** Each party to this Agreement will be responsible for the negligent or willful acts or omissions of its own employees, officers, volunteers or agents in the performance of this Agreement. Neither party will be considered the agent of the

other, nor does either party assume any responsibility to the other party for the consequences of any act or omission of any person, firm, or corporation not a party to this Agreement.

XIII. Term of the Agreement: This Agreement will become effective upon date of final signature and will terminate upon completion of paramedic training. Completion of training is determined after all requirements for graduation and certification have been met. Termination of this Agreement shall be effective thirty (30) days following written notice of termination provided by either party in the case a student is unable to complete or is academically terminated from Paramedic Training. If modifications to this Agreement are deemed necessary, such changes shall be approved by the Department and the County unless such modifications are required based on State, Federal or Local law.

XIV. Entire Agreement: This Agreement constitutes the entire agreement between the parties, and supersedes all prior oral or written agreements, commitments, or understandings concerning the matters provided for herein.

Authority: The parties represented and covenant that they are authorized to sign as authorized agents of their respective college/agency.

ACCEPTED, agreed, and signed as of the date first set forth below

EXECUTED, this ____ day of _____, 2025, for Camano Fire and Rescue:

Department Approval:

Fire Chief
Camano Island Fire and Rescue
811 N. Sunrise Blvd.
Camano Island, WA 98282

EXECUTED, this ____ day of _____, 2025, for Whatcom County:

Satpal Sidhu, County Executive

Approved as to Form:

Brandon Waldron 9/04/2025
Office of Prosecuting Attorney, Civil Division

Exhibit 'A'

Student Tuition Costs

FEE SCHEDULE FOR CAMANO FIRE AND RESCUE

Category	Description	Cost Per Student
Student Equipment & Maintenance	Books, stethoscopes, IV supplies, anatomy parts, Platinum Program, clinical gear, consumables, equipment maintenance, PALS/NRET, CAAHEP, site visits. (1) One Student	\$8,256.00
Tech College/Facilities	BTC Course MPD Fees, A&P Pre-Course, instructors, accreditation, facilities. (1) One Student	\$10,213.00
Whatcom County Admin Costs	WCEMS Administration and Contract Support Services (1) One Student	\$3,231.00
Training & Tuition	Core program instruction, simulation labs, clinical rotations, certification prep. (1) One Student	\$23,700.00
Total		\$45,400.00
Evaluation & Preceptorship	Monthly evaluation and preceptor support (\$850 × 12 months) (1) One Student.	\$10,200.00
Total		\$55,600.00