

EMS SUBCOMMITTEE APPLICATION FORM
Utah Department of Health, Bureau of Emergency Medical Services
P.O. Box 142004, SLC, UT 84114-2004

DATE: _____ E-MAIL ADDRESS: _____

NAME: _____ EMPLOYMENT: _____

ADDRESS: _____

TELEPHONE #s: H: _____ W: _____ C: _____

New application:

Re-Application:

APPLICATION FOR: (Check subcommittee(s) that you are interested in applying for)

Operations Subcommittee

Training Subcommittee

Positions Applying for: (Please check all that apply)

Physician

EMS Education Representative

Basic EMT

Intermediate EMT

Training Officer

Air Medical Representative

Paramedic

Dispatcher

Public Safety Representative

Nurse (ENA)

Agency Medical Director

Course Coordinator

Briefly describe your background:

I have read the Subcommittee Guidelines and agree to those guidelines.

SIGNATURE