## **Emergency Medical Services Subcommittee Application Form**

Date:		Name:		
E-mail:	Phone:			
Address/City/State:				
Organization or Emplo	oyer:			
Check all that appl	ly:			
EMT		Certification #	Expiration Date	
AEMT		Certification #		
MT-IA		Certification #	Expiration Date	
aramedic		Certification #		
MD		Certification #		
MS Instructor		Certification #		
raining Officer		Certification #		
Course Coordinator		Certification #		
Registered Nurse		Years of EMS experience		
Medical Doctor		Years of EMS experience		
Medical Control Docto	or 🗆	Affiliated EMS Agency		
Other		Description		
Reference #1Reference #2		Phone	Email	Relation
Name		Phone	Email	Relatio
Please send comp	leted	application to:		
jmwhaley@utah.go	v			
or mail:				
Bureau of Emerge	ency M	edical Services and Prepare	dness	
Attention - Jani	ne Wh	aley		
PO BOX 142004				

Salt Lake City UT 84114