EMS Personnel Peer Review Board Application



Contact Information		
Name		
Address		
City, State, Zip		
Home Phone		
Work Phone		
E-Mail Address		
Positions		
Mark which position you are applying for:		
Walk Wholi poolion you allo c	ppining ron.	
\square EMS administrative officer	 (representing a licensed provider from a county of the 1st or 2nd class) 	
☐ EMS administrative officer – (representing a licensed provider from a county of the 3 rd – 6 th class)		
☐ Educational representative from an accredited EMS training program		
☐ Licensed Physician (representing an agency as an EMS Medical Director and certified by BEMSP)		
☐ Certified Emergency Medical Dispatcher		
Representative form a professional employee group either fire based or non-fire based:		
☐ Fired based ☐ Non-fire based		
☐ Certified quality assurance or medical training officer		
□ Non-supervisory certified EMT		
□ Non-supervisory certified AEMT		
□ Non-supervisory certified Paramedic		
Credentials		
List all certification and license information such as EMS ID number, license number, and expiration date. Include the agency affiliation and the number of years' experience you have related to the applicable position. Summarize special skills and qualifications.		

Narrative		
Summarize your interest in serving on the EMS Personnel Peer Review Board.		
References		
Name		
Home Phone		
Work Phone		
E-Mail Address		
Relationship		
Name		
Home Phone		
Work Phone		
E-Mail Address		
Relationship		
Agreement and Cignoture		
Agreement and Signature Programmitting this application. Legent that the facts set forth are true and complete. Lunderstand that if L		
By submitting this application, I assert that the facts set forth are true and complete. I understand that if I am accepted as a member of the EMS Personnel Peer Review Board, any false statements, omissions,		
or other misrepresentations made by me on this application may result in my immediate dismissal.		
Name (printed)		
risino (printos)		
Signature		
Dete		
Date		
Our Policy		
It is the policy of this organization to provide equal opportunities without regard to race, color, religion		

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your interest in contributing to the EMS system in Utah.

Submit Form

Email completed form to: jmwhaley@utah.gov