



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

EMFTS COMMITTEE MEMBER APPLICATION

| | | | | |
|--|-------------|---|--------|---|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL |
| STREET ADDRESS | | CITY | STATE | ZIP |
| COUNTY | TELEPHONE # | <input type="checkbox"/> WORK <input type="checkbox"/> HOME | CELL # | FAX # |
| E-MAIL | | | | |
| <input type="checkbox"/> CURRENT BOARD MEMBER | | <input type="checkbox"/> PROGRAM DIRECTOR (for an approved, accredited or chartered training institution) | | |
| CHECK THE EMFTS COMMITTEE(S), AD-HOC COMMITTEE(S), OR SUBCOMMITTEE(S) THAT YOU ARE INTERESTED IN SERVING. | | | | |
| <input type="checkbox"/> CRITICAL CARE | | <input type="checkbox"/> EDUCATION | | <input type="checkbox"/> EMS SYSTEM DEVELOPMENT |
| <input type="checkbox"/> EMS CHILDREN (EMS-C) | | <input type="checkbox"/> HOMELAND SECURITY | | <input type="checkbox"/> MEDICAL OVERSIGHT |
| <input type="checkbox"/> MEDICAL TRANSPORTATION | | <input type="checkbox"/> RURAL EMS | | |
| <input type="checkbox"/> OTHER _____ | | | | |
| All committee / subcommittee / ad-hoc committee members are expected to attend at least three-fifths of regular scheduled meetings. Members that fail to do so may forfeit their position. | | | | |
| LIST ANY EMS, FIRE, MEDICAL TRANSPORTATION, OR RELATED ENTITIES WITH WHICH YOU ARE EMPLOYED AND / OR AFFILIATED. (EMS / fire organizations, ambulance services, hospitals, educational institutions, etc.) | | | | |
| LIST ANY PROFESSIONAL LICENSES AND / OR CERTIFICATIONS YOU CURRENTLY HOLD. INCLUDE LICENSE AND / OR CERTIFICATE NUMBERS. | | | | |
| LIST ANY MEMBERSHIPS OR AFFILIATIONS WITH PROFESSIONAL ASSOCIATIONS. | | | | |
| STATE WHY YOU WOULD LIKE TO SERVE ON THE SELECTED COMMITTEE(S), AD-HOC COMMITTEE(S), AND / OR SUBCOMMITTEE(S). | | | | |
| APPLICANT SIGNATURE | | | | DATE |
| X | | | | |

Submit the completed application along with a current curriculum vitae or resume to:

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| MAIL Ohio Department of Public Safety Division of Emergency Medical Services ATTN: EMFTS Board Secretary P.O. Box 182073 Columbus, Ohio 43218-2073 | FAX (614) 466-9461 | E-MAIL DEMS@dps.ohio.gov |
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