



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"/> TIME CRITICAL DIAGNOSIS		
<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:

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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