

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

ELIZABETH HERTEL DIRECTOR

Application for Appointment Emergency Medical Services Coordination Committee (EMSCC)

Thank you for your interest in being considered for appointment to the Emergency Medical Services Coordination Committee.

Application Information

- 1. This application must be completed in its entirety and submitted electronically, along with your resume or curriculum vitae, to: <u>MDHHS-MichiganEMS@michigan.gov</u>. Incomplete applications will not be considered for appointment.
- 2. All items marked with a * are required. All other questions are optional.
- 3. Ethnicity and gender are optional and are elicited in order to ensure that the department considers the talent and creativity of a diverse pool of candidates. In addition, specific backgrounds or qualifications are legally required for the EMSCC. You may, therefore, wish to provide this information in order to ensure that you are considered.

If you have any questions while completing the application, please contact the Emergency Medical Services Section Secretary, Nicole Babb, at 517-335-3077.

Personal Information

Salutation	*First Name	Middle Name	e *Last Nan	ne	Suffix (Sr., Jr., etc.):	
*Any other name(s) you have ever used, or have been known by (First, Middle, Last) (If not applicable, enter NA):						
Gender	Race					
*Address		Address 2	*City	*State	*Zip Code	
*County						
*Phone Prefer	ence: 🛛 Office	e 🛛 Cell	□ Home			
*Office Phone	2:	Cell P	hone:	Home	e Phone:	
Fax:						
*Email Prefer	ence: 🛛 Office	Home				
*Office Email	:		Personal Email:			

Application for Appointment Emergency Medical Services Coordination Committee (EMSCC) Subcommittee

Appointment Information

If seeking re-appointment to the EMSCC, how many years have you served to this point?

*Are you seeking a position as:
Chairperson
Vice Chairperson

Committee Member D Alternate Committee Member

Licenses, Organizations, and Community Activities

*Do you currently hold any of the following EMS Licenses?

□ MFR □ EMT □ Specialist/AEMT □ Paramedic

*Do you currently hold any of the following EMS Instructor Licenses?

□ MFR-Instructor Coordinator □ EMT-Instructor Coordinator

 $\hfill\square$ Specialist/AEMT-Instructor Coordinator $\hfill\square$ Paramedic-Instructor Coordinator

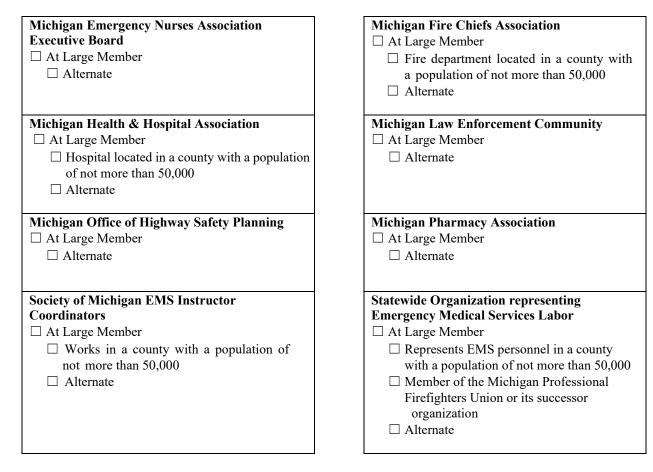
Do you currently hold any other type of license?

Organization and Skills Information

*Membership Represented (please check appropriate organization box and member type):

Consumer At Large Member Alternate	Elected Official from a City, Village, or Township located in a county with a population of not more than 100,000 At Large Member Alternate
Michigan Association of Air Medical Services	Michigan Association of Ambulance Services
□ At Large Member	□ At Large Member
□ Alternate	 Operates an ambulance service in a county with a population of not more than 50,000 Alternate
Michigan Association of Emergency Medical	Michigan Center for Rural Health
Services Systems	□ At Large Member
□ At Large Member	Alternate
□ Alternate	
Michigan College of Emergency Physicians	Michigan EMS Practitioners Association
□ At Large Member	□ At Large Member
\Box Practices medicine in a county with a	\Box Practices in a county with a population of
population of not more than 50,000	not more than 50,000
	□ Alternate

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*What special skills would you bring to the EMSCC (100 words or less)?

Additional Questions

Answering Yes to any of the questions below does not automatically disqualify you for an appointment.

*Have you ever held any previous government appointments? □ Yes □ No

*Is there any person or group who might take overt or covert steps to attack, even unfairly, your appointment? □ Yes □ No

*Is there any matter in which you are involved in that is or may be incompatible with the discharge of the duties of the position to which you seek to be appointed or that may impair or tend to impair your independence of judgment or action in the performance of the duties of that position? \Box Yes \Box No

*Have you ever been the subject of a criminal investigation? □ Yes □ No

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*Have you ever been disciplined or cited for breach of ethics or unprofessional conduct by or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or any other professional group?

□ Yes □ No

*Have you ever been convicted of a violation of any federal, state, county, or municipal law, regulation or ordinance; including traffic violations for which a fine of \$150.00 or more was imposed, this includes driving under the influence of alcohol and/or drugs?

□ Yes □ No

*Have you ever been affiliated (as an officer, owner, director, trustee, partner, advisor, or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) within the past 10 years that might present a potential conflict of interest or appearance of conflict of interest with your requested appointment?

□ Yes □ No

*Are you, your spouse or partner, or any member of your household or other close family members related to a state government official or employee (including state government contractors)?
□ Yes □ No

Please provide an explanation to any Yes answer above: