



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

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

Thank you for your interest in being considered for appointment to a subcommittee of 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: MDHHS-MichiganEMS@michigan.gov. 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 *Last Name 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 Preference: Office Cell Home

*Office Phone: Cell Phone: Home Phone:

Fax:

*Email Preference: Office Home

*Office Email: Personal Email:

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Appointment Information

*Subcommittee you are seeking nomination for, the position you are seeking, and your expertise (if required):

<input type="checkbox"/> Ambulance Operations This subcommittee will review and make recommendations to the EMSCC and the Department regarding activities related to EMS ambulance operations in the State. <input type="checkbox"/> Committee Member <input type="checkbox"/> Alternate <input type="checkbox"/> Chair
<input type="checkbox"/> Bylaws/Nominating This subcommittee shall be responsible for reviewing the EMSCC bylaws as needed and for submitting a slate of nominations to the EMSCC for the election of officers and subcommittee membership. <input type="checkbox"/> Committee Member <input type="checkbox"/> Alternate <input type="checkbox"/> Chair *Must be a current member of the EMSCC
<input type="checkbox"/> Compliance and Licensing This subcommittee shall be responsible for reviewing applications that include criminal convictions as needed and providing recommendations to the Department. <input type="checkbox"/> Committee Member <input type="checkbox"/> Alternate <input type="checkbox"/> Chair *Must be a current member of the EMSCC
<input type="checkbox"/> Data This subcommittee will review and make recommendations to the EMSCC and the Department regarding activities related to data collection and analysis in the State. <input type="checkbox"/> Committee Member <input type="checkbox"/> Alternate <input type="checkbox"/> Chair

<input type="checkbox"/> Education This subcommittee will review and make recommendations to the EMSCC and the Department regarding activities related to EMS education and testing issues in the State. <input type="checkbox"/> Committee Member <input type="checkbox"/> Alternate <input type="checkbox"/> Chair
<input type="checkbox"/> Legislative This subcommittee will review and make recommendations to the EMSCC and the Department regarding activities related to EMS legislation in the State. <input type="checkbox"/> Committee Member <input type="checkbox"/> Alternate <input type="checkbox"/> Chair
<input type="checkbox"/> Medical Control This subcommittee will review and make recommendations to the EMSCC and the Department regarding activities related to medical control issues in the State. <input type="checkbox"/> Committee Member <input type="checkbox"/> Alternate <input type="checkbox"/> Chair
<input type="checkbox"/> Pediatric Emergency Medicine This subcommittee will review and make recommendations to the EMSCC and the Department regarding activities related to Pediatric Emergency Medicine in the State. <input type="checkbox"/> Committee Member <input type="checkbox"/> Alternate <input type="checkbox"/> Chair

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<input type="checkbox"/> Quality Assurance Task Force This subcommittee shall review and make recommendations to the EMSCC and the Department regarding field studies, medical control authority applications and protocols, and other quality assurance activities as requested by the Director. <input type="checkbox"/> Committee Member <input type="checkbox"/> Alternate <input type="checkbox"/> Chair Required Expertise (pick one): <input type="checkbox"/> Physician certified in Emergency Medicine <input type="checkbox"/> Pharmacist <input type="checkbox"/> Paramedic <input type="checkbox"/> EMS Director
<input type="checkbox"/> Critical Care Ad Hoc This Ad Hoc subcommittee shall review and make recommendations to the EMSCC and the Department regarding activities and issues related to Critical Care in the State. <input type="checkbox"/> Committee Member <input type="checkbox"/> Alternate <input type="checkbox"/> Chair
<input type="checkbox"/> Safety Ad Hoc This Ad Hoc subcommittee shall review and make recommendations to the EMSCC and the Department regarding activities and issues related to provider and patient safety in the EMS profession. <input type="checkbox"/> Committee Member <input type="checkbox"/> Alternate <input type="checkbox"/> Chair
<input type="checkbox"/> Air Medical Ad Hoc This Ad Hoc subcommittee shall review and make recommendations to the EMSCC and the Department regarding activities and issues related to Air Medical in the State. <input type="checkbox"/> Committee Member <input type="checkbox"/> Alternate <input type="checkbox"/> Chair

<input type="checkbox"/> Rural This subcommittee shall review and make recommendations to the EMSCC and the Department regarding activities and issues related to rural EMS in the State. <input type="checkbox"/> Committee Member <input type="checkbox"/> Alternate <input type="checkbox"/> Chair Required Geographic Location (pick one): <input type="checkbox"/> Western Upper Peninsula (Gogebic, Ontonagon, Iron, Baraga, Houghton, and Keweenaw Counties) <input type="checkbox"/> Central Upper Peninsula (Marquette, Dickinson, Menominee, Alger, and Delta Counties) <input type="checkbox"/> Eastern Upper Peninsula (Schoolcraft, Luce, Mackinac, and Chippewa Counties) <input type="checkbox"/> Northern Michigan (Emmett, Cheboygan, Presque Isle, Charlevoix, Leelanau, Alpena, Benzie, Grand Traverse, Kalkaska, Crawford, Oscoda, and Alcona Counties) <input type="checkbox"/> Mid-Michigan (Manistee, Wexford, Missaukee, Roscommon, Ogemaw, Iosco, Mason, Lake, Osceola, Clare, Gladwin, Arenac, Oceana, Newaygo, Mecosta, and Isabella Counties) <input type="checkbox"/> Thumb Area (Huron, Tuscola, and Sanilac Counties) <input type="checkbox"/> Southern (St. Joseph, Branch, Hillsdale, and Lenawee Counties) <input type="checkbox"/> Any other County in the State Expertise (Pick One - Optional) <input type="checkbox"/> Rural Medical Control Authority Physician Medical Director <input type="checkbox"/> Michigan Center for Rural Health <input type="checkbox"/> EMSCC Chairman <input type="checkbox"/> Air Medical

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Note: If you are seeking appointment on the Statewide Trauma Advisory Committee (STAC) or the Trauma Designation Subcommittee, a different application is required and may be found online on the [Michigan Statewide Trauma System](#) website.

*If seeking re-appointment to a subcommittee, how many years have you served to this point?

Subcommittee	Number of Years Served
Ambulance Operations	
Bylaws	
Compliance and Licensing	
Data	
Education	
Legislative	
Medical Control	
Pediatric Emergency Medicine	
Quality Assurance Task Force	
Rural	
Safety Ad Hoc	
Air Medical Ad Hoc	
Critical Care Ad Hoc	

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Licenses, Organizations, and Community Activities

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

- MFR EMT Specialist/AEMT Paramedic NA

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

- MFR-Instructor Coordinator EMT-Instructor Coordinator
 Specialist/AEMT-Instructor Coordinator Paramedic-Instructor Coordinator NA

Do you currently hold any other type of license?

Organization and Skills Information

*Membership Represented (please check appropriate organization box):

<input type="checkbox"/> Consumer
<input type="checkbox"/> Michigan Association of Air Medical Services
<input type="checkbox"/> Michigan Association of Emergency Medical Services Systems
<input type="checkbox"/> Michigan College of Emergency Physicians
<input type="checkbox"/> Michigan Emergency Nurses Association Executive Board
<input type="checkbox"/> Michigan Health & Hospital Association
<input type="checkbox"/> Michigan Office of Highway Safety Planning
<input type="checkbox"/> Society of Michigan EMS Instructor Coordinators

<input type="checkbox"/> Elected Official from a City, Village, or Township located in a county with a population of not more than 100,000
<input type="checkbox"/> Michigan Association of Ambulance Services
<input type="checkbox"/> Michigan Center for Rural Health
<input type="checkbox"/> Michigan EMS Practitioners Association
<input type="checkbox"/> Michigan Fire Chiefs Association
<input type="checkbox"/> Michigan Law Enforcement Community
<input type="checkbox"/> Michigan Pharmacy Association
<input type="checkbox"/> Statewide Organization representing Emergency Medical Services Labor

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

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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?

Yes No

*Have you ever been the subject of a criminal investigation?

Yes No

*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:

Source: State of Michigan Boards and Commissions Application for Appointment. Website:
<https://somgovweb.state.mi.us/GovernorsBoard/SubmitApplication.aspx>