

# EMS Personnel Peer Review Board Application



Utah Department of  
**Health & Human**  
Services

## Contact Information

Name	
Address	
City, State, Zip	
Home Phone	
Work Phone	
E-Mail Address	

## Positions

Mark which position you are applying for:

- EMS administrative officer – (representing a licensed provider from a county of the 1<sup>st</sup> or 2<sup>nd</sup> class
- EMS administrative officer – (representing a licensed provider from a county of the 3<sup>rd</sup> – 6<sup>th</sup> 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 position applying for. Summarize special skills and qualifications.

## Narrative

Summarize your interested in serving on the EMS Personnel Peer Review Board.

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## References

Name	
Home Phone	
Work Phone	
E-Mail Address	
Relationship	
Name	
Home Phone	
Work Phone	
E-Mail Address	
Relationship	

## Agreement and Signature

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)	
Signature	
Date	

## Our Policy

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: [jschaugaard@utah.gov](mailto:jschaugaard@utah.gov)