

Utah Emergency Medical Services Subcommittee Application Form

Date: _____ Name: _____

Email: _____ Phone: _____

Address/City/State: _____

Organization or Employer: _____

Check all that apply:

	Certification #	Expiration Date
<input type="checkbox"/> EMT		
<input type="checkbox"/> AEMT		
<input type="checkbox"/> Paramedic		
<input type="checkbox"/> EMD		
<input type="checkbox"/> EMS Instructor		
<input type="checkbox"/> Training Officer		
<input type="checkbox"/> Course Coordinator		

Years of EMS Experience

<input type="checkbox"/> Registered Nurse	
<input type="checkbox"/> Medical Doctor	

Description

<input type="checkbox"/> Other	
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Please describe your experience related to Emergency Medical Services:

Please send completed application to Mark Herrera: markherrera@utah.gov