EMS Personnel Peer Review Board Application





Contact Information	
Name	
Address	
City, State, Zip	
Home Phone	
Work Phone	
E-Mail Address	
B. Herri	
Positions Mark which position you are a	and the state of
☐ EMS administrative officer –☐ Educational representative f☐ Licensed Physician (representation)	ing Officer IT MT
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.		
Gammanze your interested in serving on the Live I crostiller for Neview Board.		
References		
Name		
Home Phone		
Work Phone		
E-Mail Address		
Relationship		
Name		
Home Phone		
Work Phone		
E-Mail Address		
Relationship		
Agreement and Signature		
	, 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.		
or other misrepresentations in	lade by the off this application may result in my infinediate dismissal.	
Name (printed)		
Signature		
Date		
Dale		

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: lindsayvernon@utah.gov