

APPLICATION FOR PEHSC TASK FORCE MEMBERSHIP

The Council's cornerstone is the grassroots provider network, which meet to discuss statewide issues. These grassroots providers generate recommendations for consideration by the PEHSC's Board. These recommendations ultimately lead to the delivery of formal recommendations to the Pennsylvania Department of Health. The volunteer, grassroots participation of pre-hospital providers throughout the Commonwealth gives EMS a voice in decision making at the state level. The volunteer involvement of providers in the PEHSC process has saved the Commonwealth thousands of dollars in personnel costs, as the PEHSC members often prepare statewide documents and/or educational programs to support recommendations. Interested providers may apply for membership to PEHSC Task Forces by completing this application. By filling out this application, you are expressing an area of interest, from which the Task Forces are formed. Task Forces are established either on a long term or short term basis and are either focused on a specific issue or general topic area.

Task Force membership is granted annually by the chairpersons and/or Executive Committee through the review of applications and existing membership in regard to the Task Force guidelines, if applicable. Task Force membership is not related to one's organizational affiliation but is related to an individual's background, experience and geographic representation in regard to their Task Force of choice. All of PEHSC's meetings are open to the public; however, Task Force membership is required to hold voting privileges. You must meet attendance requirements to maintain your membership. Review the guidelines of the appropriate Task Force for details (if applicable).

- | | |
|---|--|
| <input type="checkbox"/> Medical Advisory Committee <i>(Regional Medical Directors/Designees or MD/DO only- representing a specific statewide medical association)</i>

<input type="checkbox"/> Critical Incident Stress Management <i>(Must be a Team Leader or a member of a team)</i>

<input type="checkbox"/> Prehospital Nursing
<input type="checkbox"/> EMS Information
<input type="checkbox"/> EMS Operations
<input type="checkbox"/> EMS Education (ALS or BLS)
<input type="checkbox"/> EMS for Children (special guidelines apply)
<input type="checkbox"/> Clinical/Field (ALS or BLS)
<input type="checkbox"/> Public Information, Education and Relations | <input type="checkbox"/> Rescue
<input type="checkbox"/> Telecommunications
<input type="checkbox"/> System Finance
<input type="checkbox"/> Legislation/Regulatory
<input type="checkbox"/> EMS Managers
<input type="checkbox"/> State EMS Development Plan
<input type="checkbox"/> Air Medical |
|---|--|

Name: _____
Last
First
MI

E-Mail Address Receipt of all Mailings (REQUIRED): _____

Address: _____

The above address is my (circle one): HOME WORK

Phone: (Work) _____ **(Home)** _____

(Fax) _____ **(Pager)** _____
Circle one: Digital Alpha

REQUIRED INFORMATION

County of Residence: _____

Area Type: Rural Suburban Urban

EMS Council Region: _____

Licenses/Certifications (current only):

Degrees Held (if applicable): _____

Specialized Training or Areas of Expertise: _____

Emergency Services Related – Memberships/Position Held: _____

Current Positions Held: - check as many as apply

- | | |
|--|--|
| <input type="checkbox"/> Volunteer First Responder | <input type="checkbox"/> Volunteer EMT |
| <input type="checkbox"/> Volunteer EMT-Paramedic | <input type="checkbox"/> Volunteer PHRN |
| <input type="checkbox"/> Volunteer Emergency Responder | <input type="checkbox"/> Volunteer Fire/Rescue |
| <input type="checkbox"/> Full Time Paid EMS Provider
(indicate license/certificate level) – _____ | <input type="checkbox"/> County EMS Council |
| <input type="checkbox"/> EMS Educator | <input type="checkbox"/> Part-time Paid EMS Provider
(indicate license/certificate level) – _____ |
| <input type="checkbox"/> BLS | <input type="checkbox"/> Management/Admin. Of EMS Organization (BLS/ALS) |
| <input type="checkbox"/> ALS | <input type="checkbox"/> Industrial EMS Provider |
| <input type="checkbox"/> Both | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Management/Admin. of EMS Assoc. | |

OPTIONAL INFORMATION:

Occupation: _____

Position Title: _____

Organization: _____

Organization Type:

- | | |
|---|--|
| <input type="checkbox"/> Non-Profit BLS | <input type="checkbox"/> For Profit EMS |
| <input type="checkbox"/> Non-Profit ALS | <input type="checkbox"/> Hospital for Profit |
| <input type="checkbox"/> Hospital for Non-Profit | <input type="checkbox"/> Regional EMS Council |
| <input type="checkbox"/> Industrial Health Care | <input type="checkbox"/> Government (Describe _____) |
| <input type="checkbox"/> State Organization/Association | <input type="checkbox"/> Regional Organization/Association |
| <input type="checkbox"/> Training Site | <input type="checkbox"/> Other _____ |

All Council and Task Force guidelines apply to membership. It is the responsibility of the Member to update the Council staff of any changes to address, etc.

I agree to the conditions of membership.

Signature: _____ Date: _____