



**INDIANA EMS COMMISSION**  
 302 W. Washington Street  
 Room E-239  
 Indianapolis, IN 46204

**Application – EMS Technical Advisory Committee**

**Please provide a copy of your current resume, including work history, with this application. Failure to provide a resume will result in your application being rejected.**

The Indiana EMS Commission has formed an EMS Technical Advisory Committee in accordance with **IC 16-31-2-10** which is based on technical expertise and competency in the specific area of emergency medical services (EMS). The purpose of the committee is to review specific topics assigned to the committee by the Indiana EMS Commission and return to the Commission recommendations on implementation and adoption of rules. The Committee shall consider both operational and educational matters relating to emergency medical services. The members appointed by the EMS Commission are subject to approval of the Governor.

*Please fill in each of the blanks below with the appropriate information.*

**I. Section A**

<b>Applicant Full Legal Name</b>	
<b>Applicant E-Mail Address</b>	
<b>Applicant EMS Provider Affiliations</b>	

<b>Public Safety Identification (PSID)</b>		<b>IDHS Employment District</b>	
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**Current Certifications**

Mark below with an "X" indicating your certification(s)/license(s).

EMR		EMT		ADV			
Primary Instructor		Paramedic		LPN/RN		MD/DO	

**Current Job Position**

Mark below with an "X" indicating which position you are qualified to represent on this committee, also indicating the population base you serve. You are permitted to make more than one selection. Any selection should be based upon your professional experience and expertise. You would represent the interests of this group on issues and recommendations made by the committee.

Representing	Selection	Urban/Suburban	Rural
Emergency Department Physician Directors (2)			
EMS Chief Operating Officer – (2)			
ALS Training Institution Program Director (4)			
EMS Chief Executive Officer (2)			
EMS Medical Director (2)			
BLS Training Institution Representative (2)			



## ***II. Section B***

In the space below, please provide a maximum 200 word summary of why you would like to serve on the EMS Technical Advisory committee. Include in your explanation why your selection as a representative of your EMS Community would serve to provide recommendations in the best interests of the Indiana EMS Commission.

**Applications accepted year round**

Return all completed applications to [emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)