



Colorado Department
of Public Health
and Environment

Pediatric Emergency Care Committee Membership Application

Emergency Medical and Trauma Services Section

Please Attach Current CV/Resume

Name (Last, First MI):			Credentials/Degrees:		
Address (Home):					
City:		State: Colorado		Zip:	
Primary Phone:		Business Phone:		Other Phone:	
E-mail:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Ethnicity (Optional): African-American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/>	

Occupation/Volunteer (please list all CURRENT affiliations and titles – use additional sheet if necessary):							
1.							
2.							
3.							
County I Live In:			County (ies) I Work In:				
Current SEMTAC Member?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Past SEMTAC Member?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Experience in the provision of emergency medical care to children:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Agency Name(s):			
Please provide a short description of your previous experience as an EMS/Trauma provider and any specific experience with providing care to children:							
Please identify the position category for which you are applying on the Pediatric Emergency Care Committee:							
Currently active as an EMS field provider:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Agency Name(s):			
Currently active as a Registered Nurse:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Agency Name(s):			

Please provide a short description of your agency/department and how the agency serves the needs of children in the EMTS system:					
License/Certification(s):			CO License/Certification #:		
References: 1.				Phone:	
2.				Phone:	
3.				Phone:	
<i>For Office Use</i>	RETACS:		Urban	Suburban	Rural

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein to obtain any and all pertinent information, personal or otherwise. I release all parties for all liability for any damage that may result from furnishing such information. I understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public. I hereby commit to participating in the official activities of the Colorado Pediatric Emergency Care Committee to include no less than attending meetings (at least 4 per year) and making myself available to support the goals and objectives of this advisory committee of the Colorado Department of Public Health and Environment.

Signature

Date

RETURN A COMPLETED ELECTRONIC VERSION OF THIS FORM WITH A CV/RESUME TO:

Sean.Caffrey@ucdenver.edu

Please also send a copy to:

Grace.Sandeno@state.co.us

Or by Mail to:

Grace Sandeno
Emergency Medical and Trauma Services Section
Colorado Dept. of Public Health and Environment
HFEMSD-EMTS- C1
4300 Cherry Creek Drive South
Denver, CO 80246-1530