

Monroe Livingston Regional QA/QI Committee Application
(Please attach a CV or resume to this application)

Name: _____

Address: _____

Preferred Phone: _____ Secondary Phone: _____

Preferred E-mail: _____

Current affiliations in the Monroe-Livingston region

ALS provider- List agency(s)

ILS provider- List agency(s)

BLS provider- List agency(s)

First Responder- List agency(s)

ED physician- List hospital(s)

Other – List affiliations

How long have you been at your current certification level?

Describe current/previous EMS (# years, etc.):

Describe current/previous QA/QI experience (if any):

Why do you want to serve on the regional QA/QI Committee?

Applicants who are BLS EMS providers must provide proof that they have been cleared in the Monroe-Livingston Region for a minimum of 2 years.

Applications will be accepted until October 31, 2012 at 1600 hrs. Please email completed applications to mlrems@mlrems.org or via US Mail to DPM, 601 Elmwood Ave, Box 655, Rochester NY 14624.