

North Dakota EMS Association
“Education Appointee Form”



Name: _____

State ID Number: _____
(6 digit number)

Address: _____
(city, state, zip code)

Credentials: _____
(EMT, EMT-P, RN)

Instructor Expiration: _____

Number of years as an EMS Educator? _____

NDEMSEA Expiration: _____

Type of courses taught (i.e. CPR, EMT, Paramedic, ACLS)?

What experience do you have that would make you a good candidate to represent EMS educators in N.D.?

Describe any previous experience or relationship that you've had with the ND EMS Association?

What are your three greatest strengths, and most significant weakness?

Please list three education-related references (name and best contact method):

- 1.
- 2.
- 3.

Necessary Qualifications:

1. A currently licensed EMS Instructor/Coordinator in North Dakota,
2. Comply with the policies and bylaws of the North Dakota EMS Association, and
3. A member in good-standing of the North Dakota EMS Association.

Please return the form to: NDEMSEA, 1622 East Interstate Avenue, Bismarck ND 58503 or fill out online at www.ndemsa.org.

The necessary information must be postmarked on or before December 31, 2015 to be considered.