



PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

APPLICATION FOR PEHSC MEMBERSHIP

What is Council Membership?

A Pennsylvania Emergency Health Services Council (PEHSC) membership is for organizations that are interested in supporting the goals, mission and by-laws of the PEHSC. All member organizations agree to send either a representative or alternate to at least one (1) meeting annually. All member organizations have one (1) vote each in electing the Board of Directors at the Annual meeting held in March.

Why Join?

This membership provides you with the opportunity to network with EMS Professionals from across the state and provides your organization a voice to guide Pennsylvania's EMS system and address issues impacting EMS operations. Membership also authorizes your participation in council programs such as the established group purchase program.

There is no fee for membership.

Council Mission

The Pennsylvania Emergency Health Services Council (PEHSC) is a 501 (c) (3) non-profit organization. The core mission of the Pennsylvania Emergency Health Services Council is to serve as an independent advisory body to The Department of Health and all other appropriate agencies on matters pertaining to Emergency Medical Services. As an advocate for its diverse member organizations, PEHSC's ultimate purpose is to foster improvements in the quality and delivery of emergency health services throughout the Commonwealth.

Council Vision

Pennsylvania is a national leader in developing a unified system of highly qualified emergency medical service organizations and other health services. In partnership with other advocacy organizations statewide that are involved with emergency services, PEHSC's role includes a heightened emphasis on advocacy and legislative liaison, outcomes research, system finances and development, public education, and resources to enhance organizational management.

Please return the completed application by email, fax, or U.S. Mail to:

Pennsylvania Emergency Health Services Council

600 Wilson Lane, Suite 101

Mechanicsburg, PA 17055

Phone: (717) 795-0740

Fax: (717) 795-0741

www.pehsc.org

pehsc@pehsc.org

APPLICATION FOR PEHSC MEMBERSHIP

Name of Organization: _____

Organization Address (Headquarters): _____

Telephone: _____ FAX: _____

CEO/President Name: _____ Contact Number: _____

Type of Organization: Not for Profit For Profit

Total number of members represented by the organization: _____

Does the organization have By-Laws? Yes No

(If so, please forward a copy of the By-Laws with this form as well as any brochures, etc., that would further explain the organization's purpose/mission.)

Please record the mission statement of the organization (use a separate sheet of paper if necessary):

Please describe the geographical representation of the organization including the counties served, Regional EMS Council(s) served, or other description):

Please indicate the constituency that the organization represents:

- | | | |
|---|---|---|
| <input type="checkbox"/> EMS Providers | <input type="checkbox"/> Firefighters | <input type="checkbox"/> Regional EMS Council |
| <input type="checkbox"/> Physicians | <input type="checkbox"/> Hospital Administrators/Administration | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Health Care Providers concerned with EMS | <input type="checkbox"/> Other (describe) _____ | |

How will the organization be able to serve the mission of PEHSC?

Please list any other organizational memberships:

Will the organization support the activities of the representative as it relates to Council meeting attendance, etc.?

Yes No

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CEO/PRESIDENT AGREEMENT AND SIGNATURE

Have you ever been convicted of a criminal offense, or have you forfeited bond or collateral in connection with a criminal charge? Yes No

The term criminal offense is defined as a felony, misdemeanor, summary offense, and/or conviction resulting from a plea of no lo contendere (no contest). You may omit (1) minor traffic violations; (2) offenses committed before your 18th birthday, which were adjudicated in juvenile court or under a youth offender law; (3) conviction which has been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program. Conviction of a criminal offense is not a bar to membership in all cases. Each case is considered on its merit.

CEO/President Signature: _____ **Date:** _____

(Please print name)

I attest and certify, to the best of my knowledge and belief, that neither the applicant organization nor any of its affiliate organizations has been convicted of a criminal offense, or forfeited bond or collateral in connection with a criminal charge. Further, the applicant organization will disclose to the Council any federal or state criminal inquiry into its, or and of its affiliate organizations, activities of which it has knowledge.

I agree to the conditions of membership as stated in PEHSC's By-Laws.

CEO/President Signature: _____ **Date:** _____

(Please print name)

REPRESENTATIVE INFORMATION (This section **MUST** be completed for membership consideration.)

Representative Name: _____ **Email Address:** _____

Representative Address: _____

Representative Telephone: _____ **FAX:** _____

Licenses/Certifications (current only): _____

Degrees Held (if applicable): _____

Specialized Training or Areas of Expertise: _____

Emergency Services-Related Memberships: _____

REPRESENTATIVE EMS REPRESENTATION (Based upon current position(s). Check as many as apply.)

- | | |
|--|---|
| <input type="checkbox"/> Volunteer EMT | <input type="checkbox"/> Volunteer EMT-Paramedic |
| <input type="checkbox"/> Volunteer Fire/Rescue | <input type="checkbox"/> Volunteer First Responder |
| <input type="checkbox"/> Volunteer Emergency Responder | <input type="checkbox"/> County EMS Council |
| <input type="checkbox"/> Full time Paid EMS Provider | <input type="checkbox"/> Part-time Paid EMS Provider |
| <input type="checkbox"/> EMS Educator | <input type="checkbox"/> Management/Admin of EMS Organization |
| <input type="checkbox"/> Management/Admin. Of EMS Organization | <input type="checkbox"/> BLS <input type="checkbox"/> ALS |
| <input type="checkbox"/> Other _____ | |

Certification Number _____

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REPRESENTATIVE OPTIONAL INFORMATION:

Occupation: _____

Position Title: _____

Organization: _____

Organization Type: Non-Profit BLS 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/Committee guidelines apply to membership. It is the responsibility of the Member to update the Council staff of any changes to address, etc.

REPRESENTATIVE AGREEMENT AND SIGNATURE

Have you ever been convicted of a criminal offense, or have you forfeited bond or collateral in connection with a criminal charge? Yes No

The term criminal offense is defined as a felony, misdemeanor, summary offense, and/or conviction resulting from a plea of no lo contendere (no contest). You may omit (1) minor traffic violations; (2) offenses committed before your 18th birthday, which were adjudicated in juvenile court or under a youth offender law; (3) conviction which has been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program. Conviction of a criminal offense is not a bar to membership in all cases. Each case is considered on its merit.

I agree to the conditions of membership as stated in the Council's By-Laws.

Representative Signature: _____ **Date:** _____

(Please print name)

PLEASE NOTE: A letter of authorization designating this individual as the representative of the organization and signed by the President, CEO, or Director of the organization must accompany this application.

Thank you, you will be advised upon receipt of your application. Applications are reviewed quarterly based upon the date of receipt. Incomplete applications will be rejected.