



## EMORY EMS

### 2022-2023 Certified Provider APPLICATION

**Dear EMT/AEMT/PARAMEDIC Applicant,**

Emory Emergency Medical Services (EEMS) is a professional EMS agency that provides vital medical services, education, and outreach to Emory University and the surrounding community. EEMS was founded in 1992 as the first collegiate EMS agency in the State of Georgia and is an award-winning and nationally recognized collegiate EMS organization.

EEMS providers are a group of volunteers dedicated to continued education and improvement of patient care in our community. EEMS operates in 12-hour shifts and is in service 24/7 during the academic school year. In order to provide this consistency of care, providers will be required to work **multiple 12-hour shifts per month** that will be determined by Command Staff in August, but may request additional ones if desired. Commitment to EEMS as a volunteer requires considerable extracurricular work, but it can be one of the most rewarding activities during your time at Emory. Almost all providers within the agency are students, so emphasis is placed on studying and community-building while on and off shift.

Providers are expected to have a conversation with their professors about their involvement with EEMS at the beginning of the semester and will be given a letter for professors to sign indicating a mutual understanding of the roles and responsibilities of EEMS and procedure for absences. By applying and signing this document you acknowledge that you understand the time commitment of the organization.

The ability to run 911 calls is contingent upon the review and acceptance of your application, a potential interview, passing EEMS orientation in August, and the successful completion of a training period under the supervision of field training officers. **Mandatory orientation is scheduled for the week of August the 15th.**

Additionally, applicants that will have their NREMT Certification and GA EMS state licensure by August 1, 2022 will be given priority. **The final deadline to submit licensure pending completion of a summer course will be September 1, 2022.** Applicants awaiting their certification will still be required to attend orientation, but will be unable to work until their licensure has been submitted.

Emory faculty, staff, affiliates, and graduate students are eligible and encouraged to apply. Admission into this program is highly competitive; a waitlist will be maintained if additional slots in the program become available.

**If you are interested in earning your certification with EEMS, please use the separate “Emory EMS 2022-23 Class Application” posted on our website. This application is ONLY for currently or soon to be certified providers.** For information regarding the Emory EMS organization, please visit [emergency.emory.edu/EMS](http://emergency.emory.edu/EMS).

# EMORY EMS

## AGENCY APPLICATION 2022-2023

Application must be **RECEIVED** by July 1, 2022 at 11:59 PM EDT

**ALL FIELDS ARE REQUIRED.**

*FAILURE TO SUBMIT A COMPLETED APPLICATION WITH ALL DOCUMENTS REQUESTED WILL PROHIBIT ACCEPTANCE INTO THIS AGENCY.*

**Instructions:** Complete this application to the best of your knowledge. All fields should be typed. Please email the completed application and all required documents to [emoryems@emory.edu](mailto:emoryems@emory.edu). Ensure that this page (check-off sheet) is initialed prior to emailing.

\_\_\_\_\_ **Completed and Signed Application**

\_\_\_\_\_ **Copy of High School Diploma or Equivalent**

\_\_\_\_\_ **Copy of Driver's License.** If you do not have a Driver's License, please include another form of government ID.

\_\_\_\_\_ **Copy of NREMT card (front and back)**

\_\_\_\_\_ **Copy of GA EMS license**

\_\_\_\_\_ **Copy of CPR certification**

\_\_\_\_\_ **Copy of Immunization Records**

\_\_\_\_\_ **Resume/CV (maximum 1 page)**

\_\_\_\_\_ **I understand that EEMS requires a BACKGROUND CHECK for all providers,** which will be completed by EEMS.

\_\_\_\_\_ **Letter of Recommendation (1 required, 2 maximum)**

\_\_\_\_\_ **By initialing here, I am acknowledging that I have read the "Dear Applicant" letter (above) and understand that Emory EMS is a minimum 1-year (two-semester) commitment.**

For questions, email [emoryems@emory.edu](mailto:emoryems@emory.edu) or call (404) 727-0180

## APPLICANT INFORMATION

Name \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Emory Student/Employer ID# \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Emory E-mail Address \_\_\_\_\_

Parent/Guardian Name (if under 18) \_\_\_\_\_

Are you alcohol or drug dependent? Yes No

Have you ever been convicted in any court of a felony or other criminal offense, or do you have any criminal offense pending? (If yes, attached an explanation) Yes No

Are you an Emory undergraduate student? Yes No

If yes, please indicate your intended graduation year: \_\_\_\_\_

If no, how are you affiliated with Emory University? \_\_\_\_\_

**Fill in the blanks AND attach legible documentation of ALL the following:**

Hepatitis B (First dose required)

Dose 1 Date: \_\_\_\_\_ (required)

Dose 2 Date: \_\_\_\_\_

Dose 3 Date: \_\_\_\_\_

Measles/Mumps/Rubella (Both doses required)

Dose 1 Date: \_\_\_\_\_

Dose 2 Date: \_\_\_\_\_

Chickenpox (Varicella)

Do you have a history of this disease? Yes No

If Yes, Date: \_\_\_\_\_

If No, Know serologic immunity? Yes No

or Vaccine received: Dose 1 Date: \_\_\_\_\_ Dose 2 Date: \_\_\_\_\_

COVID-19 Vaccine

Brand: \_\_\_\_\_ Dose 1 Date: \_\_\_\_\_ Dose 2 Date (if not J&J): \_\_\_\_\_

## NATIONAL REGISTRY AND LICENSE VERIFICATION

Please indicate your licensure level\*:      **EMT-B**      **Advanced-EMT**      **Paramedic**

Are you AHA BLS CPR Certified?      **Yes**      **No**

If yes, BLS ID#: \_\_\_\_\_

If no, list and attach other CPR certification: \_\_\_\_\_

**NREMT ID#:** \_\_\_\_\_

Are you licensed in the state of Georgia?\*\*      **Yes**      **No**

If yes, GA License #: \_\_\_\_\_

\*\*Instructions for obtaining a Georgia EMS license can be found [here](#). If you have questions about this process, please contact us at [emoryems@emory.edu](mailto:emoryems@emory.edu).

**Include copies of the front and back of your NREMT card, GA EMS License, AHA BLS CPR card, along with this application.** Your application will not be considered complete without these documents.

**\*If you are not yet NREMT certified or will be leveling up, and have a test scheduled by the end of the summer, please describe your individual circumstances in detail below.**

**Please take time and care in answering the questions below. Word limits are strictly enforced.**

**Essay 1 of 4:** Why do you want to be an Emory EMS provider and how will you contribute to the organization? (maximum 500 words)

**Essay 2 of 4:** Volunteering with Emory EMS is analogous to having a job and therefore requires a considerable amount of time in addition to your other commitments. What do you envision for your upcoming year (course load, extracurriculars, employment, etc.) and how do you see EEMS fitting into that?

**Essay 3 of 4:** Give an example of a time when you had to figure out how to get along with someone that was difficult to work with (can be professional, academic, athletic, etc.). Explain why the person was difficult to work with. How did you overcome your differences and work as a team? (maximum 500 words)

**Essay 4 of 4:** Describe your prior emergency medical knowledge and work experience. Explain how you will use that experience when working with Emory EMS. (maximum 500 words).



I do, by my signature, certify that the information in this application is true and correct to the best of my knowledge. I understand that willfully supplying false information is sufficient cause for rejection of my application or removal from the course.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_