Jefferson County EMS Lab Instructor

This application is required to apply to be a lab instructor for Jefferson County EMS.

How to apply to be a lab instructor for Jefferson County EMS:

Forward a current Certified Lab Instructor Certificate and a copy of your EMT card

OR

- 1) Complete the attached application
- 2) Attach a copy of the following to the application:
 - a. Current EMT certification card
- 3) Agency Representative must sign application
- 4) Submit applications to Jefferson Community EMS:

Jefferson County EMS 531 Meade Street Watertown, NY 13601

<u>Selection process:</u> Once application requirements are complete, eligible applicants and their agency will be notified of status by email. In order to be considered as a lab instructor, you must be an EMT or higher for a minimum of one year at the level you wish to assist labs and be an **ACTIVE** provider. There cannot be any CQI issues within the last year or any open CQI cases.

Lab Instructor Application

Name:				
(La	ast)	(First)		(MI)
Address:			Phone:	
		. <u></u>	Cell:	
			Best time t	o call:
Email:				
•	care credentials or license			
Agency/compar		Your title		Dates (to-from)
(including address				Volunteer Paid
Agency/compar (including address	-	Your title		Dates (to-from)
				Volunteer Paid
Agency/compar		Your title		Dates (to-from)
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Non-EMS experi	ence (attach additional	pages if necessary	/)	
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Certification/Release by Applicant

I, the undersigned, acknowledge that the information set forth in this document and attachments are true and accurate to the best of my knowledge. I give Jefferson Community EMS and designated members of the instructional staff permission to contact references at EMS agencies or employers listed. I understand that any information given in references will remain confidential between the County and references. I hereby hold harmless any and all liability from Jefferson County, and references resulting from providing information regarding my character and abilities.

Signature of Applicant	Date:////	_/	
Name Agency Authorized Representative	Title		
Signature of Authorized Representative	Date:///(MM) (DD) (YYYY)	_/	
Attach the following to this application:			
Copy of EMT Card			