

Monroe-Livingston Regional Patient Safety 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)

BLS First Responder- List agency(s)

BLS Transport Provider- List agency(s)

Other – List affiliations

ED Physician- List hospital affiliation(s)

How long have you been at your current certification level?

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

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

Why do you want to serve on the regional Patient Safety Committee?

Applications will be accepted until November 6th, 2015 at 16:00 hrs. Please email completed applications to mlrems@mlrems.org or via US Mail to Division of Prehospital Medicine, 601 Elmwood Ave, Box 655, Rochester NY 14642.