



386 River Point Drive
McDonough, GA 30252

(229) 402-2240

www.georgiaemsassociation.com

Georgia Emergency Medical Services (EMS) Leadership Education and Training Program

2020 Offering

With funding support from the Georgia Trauma Care Network Commission, the Georgia EMS Association (GEMSA) is pleased to announce the NINTH year of the Emergency Medical Services (EMS) Leadership Education and Training Program for 2020. GEMSA is now accepting applications from EMS service providers in Georgia.

Below are the elements of application for this course. To be considered, your application package **MUST** contain the following documents:

1. Minimum Qualifications – A, B or C
2. Letter of Endorsement – A, or B, or C
3. Student Information
4. Student Essay
5. Student Commitment Verification
6. Supervisor acknowledgement of Leadership participation

Details regarding each element are provided below.

All application materials must be returned to Kim Littleton postmarked no later than Friday January 31, 2020. Mail completed application package to:

Kim Littleton, Leadership Program Director

Georgia EMS Association

245 Oakland Pkwy, #608

Leesburg, GA 31763

Please note: **All applications must be submitted by mail** as no email or fax copies will be accepted.



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1. Minimum Qualifications

Please provide documentation stating that you are:

A - EMS Director *or*

B - Deputy Director (requires endorsement from Director)

C – Supervisory/Management level primary job responsibility (requires endorsement from Director/ Supervisor)

2. Letter of Endorsement from:

A - Commission Chair or County Manager/Administrator, if county-based; *or*

B - CEO, if hospital-based; *or*

C - Corporate CEO, if private

3. Student Information

Service Contact Information

Applicant Name:	Title:
Service/Organization Name:	Supervisor:
Service Director:	Public or Private Service
Service Address:	City:
State:	Zip Code:
Service Telephone:	Service E-mail:



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Applicant **Personal** Contact Information

Name:	
Mailing Address:	
State:	Zip Code:
Telephone:	E-mail:

Training and Background- (Include additional pages if necessary)

Current Certifications:
Highest Degree Earned:
1. How many years have you worked in EMS?
2. If Applicable, How many years have you worked in rural EMS?
3. How many years have you worked in your current position?
4. How many years of supervisory experience do you have?
5. Do you work for more than one service? If so please list service



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Briefly describe your job duties, or attach a copy of your current job description:



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4. Student Essay

Please write a Statement of Interest, not to exceed one page. This essay should detail why you are seeking leadership training. (Written below or attached)



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5. Student Commitment Verification

I understand that this program requires me to travel and be away from work and home for four (4) **up to** one-week sessions each in 2020. I understand that this is an intensive training program that will require completion of homework, interim assignments, projects, reading, and any other activities specified by the Course Coordinator or Program Director. I understand that the training I will receive will only help my service if I am dedicated to sharing my knowledge with all other service members. I am committed to the completion of the program and understand that I could be required to reimburse GEMSA for course expenses incurred if I choose to quit the course (unusual circumstances will be evaluated on a case-by-case basis by the Program Selection Committee).

My signature below indicates my full commitment to the Emergency Medical Services (EMS) Leadership Education and Training Program.

Signature: _____ Date: _____

6. Supervisor Acknowledgement

I understand this program requires the applicant to travel and be away from work and home for four (4) **up to** one-week sessions each in 2020. I understand that this is an intensive training program that will require completion of homework, interim assignments, projects, reading, and any other activities specified by the Course Coordinator or Program Director. I understand the training that this employee will receive will only help my service if he/she is allowed to participate with my support over the course of the Program.

Signature: _____ Date: _____

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