



(229) 402-2240 www.georgiaemsassociation.com

Please print this form and review carefully before signing and having your supervisor sign. Upload a copy of this form to your application.

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 2024. 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.

Date:

Signature:

6. Supervisor Acknowledgement	
I understand this program requires the applicant to travel and be away from work and home fo	r
four (4) <i>up to</i> one-week sessions each in 2024. I understand that this is an intensive training	
program that will require completion of homework, interim assignments, projects, reading, and	Ł
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	