Idaho Time Sensitive Emergency On-Site Surveyor Application

Personal Information

Name: _____ _____ _____

Last First Middle

Home Phone: _____ Cell Phone: _____ Other Phone: _____

E-mail Address: _____

Mailing Address: _____

_____

Type of Surveyor

Professional Level: ◯ Physician ◯ Nurse ◯ Program Manager

Check all that apply.

Trauma: ☐ Level II ☐ Level III ☐ Level IV ☐ Level V

Stroke: ☐ Level I ☐ Level II ☐ Level III

STEMI: ☐ Level I ☐ Level II

Professional Information

Attach the following:

☐ A copy of your current medical or nursing license, or a copy of your program manager job description;

☐ Your CV; and

☐ A statement explaining your current activity in trauma,stroke and STEMI care.

Signature

I certify that the information contained in this application is true, correct, and complete. I understand that false statements may eliminate me from being a Time Sensitive Emergency surveyor for the State of Idaho.

_____ _____

Signature Date

Send completed application and supporting documentation to:

Bureau of EMS & Preparedness
Attn: Maegan Kautz
PO Box 83720
Boise, ID 83720-0036
Email: maegan.kautz@dhw.idaho.gov