# NAEMSE 2024 Board Symposium Mentor Program Application

## 1) Personal and Contact Information

**Date:** _____

**Name:**_____

**Title:**_____

**Organization:**_____

**Address:**_____

**City:**_____**State:** _____**Zip Code:** _____

**Daytime Phone:** (____)_____**ext:** _____

**Evening Phone:** (____)_____ **ext:** _____

**E-Mail Address:** _____

## 2) Please initial below that you understand the following requirements:

- **I am required to be an active NAEMSE member.**
- **I am required to attend the 2024 NAEMSE Symposium in Pittsburgh, PA and am responsible for my own airfare and hotel.**
- **I am required to supply a CV along with this completed application.**

**Initials**_____

## 3) Years a member of NAEMSE: _____

List all committees or activities with NAEMSE since becoming a member:

- _____
- _____
- _____

## 4) Professional Experience in EMS

| | |
|---|---|
| **<u>Instructions</u>: Provide the "type of institution" (e.g., community college, fire department, etc.), and for "type of and level of instruction provided" indicate if the lead instructor, lecturer, lab/clinical instructor, and/or preceptor. Provide the "number of years providing instruction" to the closest number of year(s).** | |

| Type of Institution | Type and Level of Instruction Provided | Number of Years Providing Instruction | Provider Level |
|---|---|---|---|
| | | | |
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## 5) Statement of Benefit

**<u>Instructions</u>: Provide a summary statement that focuses specifically on the benefit of this program for you. Provide as much specificity as possible that clearly explains why this program is important for you to attend. Also include how this program can benefit you as an educator.**

**<u>This statement should NOT exceed 200 words.</u>**

## 6) References

**<u>Instructions</u>: Provide the name of three people who can attest to your character. At least one person of these references should be able to attest to your capabilities as an educator other than a former student.**

| Name of Reference | Title and Name of Organization | Telephone Number |
|---|---|---|
| | | |
| | | |
| | | |

## 9) Additional information

**Is there additional personal information do you wish to share with us?**

_____

_____

_____

## Applicant Signature_____

## Date_____

Please return this completed application along with your CV to stephen.perdziola@naemse.org.