



ACE4EMS

5010 Highway 1
Napoleonville, LA 70390
(985) 513-3593
(985)369-4461 (Fax)

ACE 4 EMS Educator Application

Please fill out the application form completely. Do not leave questions blank. Be sure to sign when completed. The Alliance Center of Education for Emergency Medical Services is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ La. BEMS Number: _____

NREMT Number: _____ Exp. Date: _____ Driver's License Number: _____

E-Mail Address: _____

Position(s) applied for: Please see attachments for job responsibilities

_____ **EMS Education Coordinator***

_____ **Assistant Instructor ***

_____ **Subject Matter Expert**

_____ **Special Topics (MD)**

_____ **NREMT/BEMS Exam Coordinator**

_____ **NREMT/BEMS Examiner**

_____ **Field/Clinical Coordinator**

INITIAL APPLICATION REQUIREMENTS

Please provide the following documents:

Resume demonstrating a minimum of four years of professional level experience in Emergency Medical Services, EMS Education, EMS administrative services, public health, public relations, social services, or other related health services.

*** EMS Education Coordinator/Assistant Instructors**

Resume demonstrating 3 years (within the past 5 years) direct field experience as a licensed EMS Provider, 2 years (within the past 5 years) direct teaching experience as an EMS Educator at or exceeding the level to be taught. Resume must also include education background, employment, and teaching history. NOTE: Applicants may be required to provide proof of student pass rating of 80%, diploma, degree, certifications, and registrations.

Paramedics Only:

- Copy of AHA ACLS provider card
- Copy of AHA ACLS instructor card
- Copy of Pediatric provider certification training. (PALS, PEPP, PEAR)

Applicant Certification

Applicant certifies that all information provided is true and correct to the best of his or her knowledge and that all documents submitted are genuine and have not been falsified in any manner. I understand that by signing this document, any fraudulent entry may be sufficient cause for rejection of application.

Applicant authorizes ACE 4 EMS to inquire with current/former employers, the Louisiana Bureau of EMS and/or references and to obtain any and all information regarding my job-related background and qualifications.

Applicant’s Signature (required):

Date:

Mail or Email Application To:

ACE 4 EMS -- Attn: Evon M. Smith, Program Director
5010 Highway 1
Napoleonville, LA 70390
Email: administrator@ace4ems.com

Equal Employment Opportunity Form

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

Home Phone: _____
City State ZIP Code
()

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- American Indian/Alaskan
- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- White/Caucasian
- Other

Gender

- Female
- Male

Military Service

- Pre-Vietnam Era
- Vietnam Era
- Post-Vietnam Era
- Disabled Veteran

How did you hear about this position?

- ACE 4 EMS Staff/Faculty
- Website
- Other _____