



Colorado Department
of Public Health
and Environment

Designation Review Committee Membership Application Emergency Medical and Trauma Services Branch

Please Attach Current CV/Resume

Name (Last, First MI):		Credentials/Degrees:	
Address (Home):			
City:	State: Colorado	Zip:	
Primary Phone:	Business Phone:	Other Phone:	
E-mail:	Gender:	M	F

Occupation/Volunteer (please list all CURRENT affiliations and titles – use additional sheet if necessary):					
1.			Facility:		
2.			Facility:		
3.			Facility:		
County I Live In:			County (ies) I Work In:		
Experience as a Trauma Site Reviewer:	YES	NO	Current SEMTAC Member?	YES	NO
Experience in a Level III-V Facility (check all that apply):					
<input type="checkbox"/>	Trauma Service Director	<input type="checkbox"/>	Trauma Nurse Coord./Prog. Mgr.		
<input type="checkbox"/>	Trauma Service Director & Site Reviewer	<input type="checkbox"/>	Trauma Nurse Coord./Prog. Mgr. & Site Reviewer		
Would Like to Participate as a member/represent the following (check all that apply):					
<input type="checkbox"/>	Health Care Facility Administrator	<input type="checkbox"/>	General Surgeon (Board Certified)		
<input type="checkbox"/>	Emergency Physician (Board Certified)	<input type="checkbox"/>	Trauma Nurse Coordinator/Manager		
<input type="checkbox"/>	Prehospital/EMS/General Public	<input type="checkbox"/>	RETAC staff or board member		

References:	
1.	Phone:
2.	Phone:
3.	Phone:

For Office Use	RETACS:	Urban	Suburban	Rural
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I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein to obtain any and all pertinent information, personal or otherwise. I release all parties for all liability for any damage that may result from furnishing such information.

I understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public.

I hereby commit to attending in person or via teleconference monthly designation review committee meetings (at least 9 per year).

RETURN COMPLETED FORM WITH CV/RESUME TO:

Emergency Medical and Trauma Services Branch
Colorado Dept. of Public Health and Environment
4300 Cherry Creek Drive South
HFEMSD – A200
Denver, CO 80246-1530
Email: crystal.cortes@state.co.us

SIGNATURE _____

DATE _____

Fax: to the attention of Crystal Cortes at (303) 691-7720