



Colorado Department  
of Public Health  
and Environment

**Statewide Trauma Advisory Committee  
Membership Application  
Emergency Medical and Trauma Services Section**  
**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: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity (Optional):	

Occupation/Volunteer (please list all CURRENT affiliations and titles – use additional sheet if necessary):					
1.					
2.					
3.					
County I Live In:			County (ies) I Work In:		
Current SEMTAC Member?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Past SEMTAC Member?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please provide a short description of your current and/or previous experience as an EMS/Trauma provider or what your interest is in the trauma system:

Please identify the position category for which you are applying on the Statewide Trauma System Committee:

License/Certification(s):	CO License/Certification #:
References: 1.	Phone:
2.	Phone:
3.	Phone:

*Certification statement and signature on next page*

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 participating in the official activities of the Statewide Trauma System Committee to include no less than attending meetings (at least 4 per year) and making myself available to support the goals and objectives of this advisory committee of the Colorado Department of Public Health and Environment.

***RETURN COMPLETED FORM WITH CV/RESUME TO:***

Emergency Medical and Trauma Services Branch  
Colorado Dept. of Public Health and Environment  
Attn: Grace Sandeno  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

**SIGNATURE**

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**DATE**

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