



ACE4EMS  
3695 Bank Drive  
St. Gabriel, LA 70776  
(985) 513-3593  
administrator@ace4ems.org

## 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: \_\_\_\_\_ 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  
3695 Bank Drive  
St. Gabriel, LA 70776  
Email: administrator@ace4ems.org

