



Governor's EMS and Trauma Advisory Council's (GETAC)  
APPLICATION FOR COMMITTEE APPOINTMENT

**Due by 01/20/2009** to Texas Department of State Health Services

Name of Committee:		
Please complete this application in a brief, yet informative manner. If questions are not applicable, enter "NA". Committee appointment eligibility will be determined from the information you submit in this application. A <b>résumé or curriculum vitae WILL NOT be accepted in lieu of this completed application.</b>		
1. Name:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
2. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
3. Your current employer and your position/title:		
4. Employment Area: <input type="checkbox"/> Frontier <input type="checkbox"/> Rural <input type="checkbox"/> Urban		
5. Educational background:		
6. Professional license, registration or certification, if applicable:		
7. Relevant experience (paid and/or volunteer):		
8. Why do you wish to serve on a GETAC committee?		
9. Personal and professional achievements (please include activities which address potential contributions you could make to the committee):		

10. Have you ever been disciplined by any licensing board/professional or civic organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
11. Have you ever been convicted of a felony or a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
12. Home address: Street or P.O. Box: <span style="float: right;">Apartment #:</span> City: <span style="float: right;">State:      Zip:</span> Home Phone #:    (    )    -    - Home Fax #:      (    )    -    - Home e-mail:	
13. Employment address: Street or P.O. Box: <span style="float: right;">Suite #:</span> City: <span style="float: right;">State:      Zip:</span> Business Phone #: (    )    -    - Business Fax #:    (    )    -    - Work e-mail:	
14. Please indicate where you would like to receive communications from DSHS: <input type="checkbox"/> Home <input type="checkbox"/> Employment	
15. Please choose your preference: <input type="checkbox"/> 1-year term <input type="checkbox"/> 2-year term <input type="checkbox"/> 3-year term	
<i>Letters of support from professional organizations may be included with this application, but are not required.</i>	
I ATTEST THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT.	
----- <b>Signature of Nominee</b>	----- <b>Date</b>
PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <a href="http://www.dshs.state.tx.us">http://www.dshs.state.tx.us</a> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).	
All applications will be kept on file in the Office of EMS/Trauma Systems Coordination for twelve (12) months and may be considered for appointment to this or other GETAC Standing Committees.	

PLEASE RETURN THIS FORM TO:

GETAC  
Office of EMS/Trauma Systems Coordination  
Attention: Jane Guerrero  
P.O. Box 149347  
Austin, Texas 78714-9347  
or  
by fax to 512-834-6736  
or  
by email to [Indra.Hernandez@dshs.state.tx.us](mailto:Indra.Hernandez@dshs.state.tx.us)