



**The iSimulate & NAEMSE
EMS Educator Memorial Scholarship Award
2017 Application**

1) Personal and Contact Information

Date: _____

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ ext: _____

Evening Phone: (____) _____ ext: _____

E-Mail Address: _____

NOTE TO APPLICANT: FOR THE REMAINDER OF THIS APPLICATION,
IT IS REQUESTED THAT NO SPECIFIC NAMES OR ADDRESSES OF EMS
ORGANIZATIONS FOR WHICH YOU WORK OR VOLUNTEER BE PROVIDED.

2) Course Level Applying for.

Level 1 (IC 1)

Level 2 (IC 2)

3) Years a member of NAEMSE: _____

List all committees or activities with NAEMSE since becoming a member:

- _____
- _____
- _____

4) Experience in EMS

Formal EMS Education and Training Provided		
Instructions: Provide the “type of institution” (e.g., community college, fire department, etc.), and for “type of and level of instruction provided” indicate if the lead instructor, lecturer, lab/clinical instructor, and/or preceptor. Provide the “number of years providing instruction” to the closest number of year(s).		
Type of Institution	Type and Level of Instruction Provided	Number of Years Providing Instruction

EMS Clinical Experience

Instructions: Give a listing of EMS clinical experience as an EMS field provider. The “type of organization” (e.g., ambulance, first response, air medical, etc. and the “level of care” provide the certification/licensure level commonly used (e.g., First Responder, EMT, Intermediate, and Paramedic). Provide the “number of years affiliated” to the closest number of year(s).

Type of Organization	Level of Care	Number of Years Affiliated

Community Related Activities

Instructions: Provide the “name of organization, other than EMS, that you are affiliated and do some type of volunteer work and a “descriptive title” of the activity you perform (e.g., board of directors, mentoring, tutoring, etc.). Provide the “length of time involved” to the closest number of year(s).

Name of Organization	Descriptive Title	Length of Time Involved

7) References

Instructions: Provide the name of three people who can attest to your character. At least one person of these references should be able to attest to your capabilities as an educator other than a former student.

Name of Reference	Title and Name of Organization	Telephone Number

8) Additional information

Is there additional personal information do you wish to share with us?
